# The Contribution of the Volunteer to Nursing Service*

By Dr. HELEN R. Y. REID, Montreal

In our democratic world of the west the objective of government is still supposed to be the happiness and well-being of the individual—and the individual in the last analysis decides if his government is contributing to that end. In like manner the objective of modern health work is the physical and mental well-being of the individual, who, with his family, is the ultimate judge of the services rendered to him by the medical and nursing professions.

Can governments function successfully without the co-operation of the citizens? No. This is a mutual enterprise depending for its development and success on the leadership of the few, and the intelligent and willing association of the many. To provide adequate nursing care for the community is the responsibility of the nursing profession. This responsibility, in like manner, can only be successfully met when leadership is assured and when there are in association representatives of all the interests affected.

Recognized leadership by fully qualified leaders is essential in every field of life today. With the increasing complexity in human affairs, our problems call unceasingly for the services of the expert, while our democratic inheritance and disposition still insist that it shall be not a leadership from above, but a leadership in association with others who are not only vitally concerned but who are willing to give disinterested educated service. Such guidance, such leadership the volunteer now expects and receives from the best type of professionals in health work —both doctors and nurses—as in other fields of social activities. The Mussolini type of leader, it is true, still has its followers and admirers. We like to take what seems to be a short cut to health and plenty when we can, and Boards of directors still continue to appoint executive officers under the misapprehension that they can do the whole job and that the only service Boards should render is to provide funds and not interfere with the administration. The aloof attitude of the conventional professional encourages the continuance of what is really an unfortunate situation, expressive of a general misunderstanding of the value of team work where everyone has his part to play if real progress is to be made. Doctors do not like the removal of the "no trespass" signs. Like high priests they cling to their job of interpreting the omens. Mussolinis, even the benevolent kind, die and leave their followers undeveloped in controls, imagination and initiative because they have never been educated to assume responsibility, nor have they acquired the habit of thinking of community interests and community needs as directly related to themselves. True democratic leadership is content to make haste slowly in order that a firm and sure foundation be established through education, experience and co-operation on which to build a better and healthier social order.

In all health work there are manifold opportunities for this team play between doctors, nurses and volunteers. Evidences of the recognition of such opportunities are found more readily, perhaps, up to the present in the field of public health and preven-

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tive medicine than in hospitals and training schools for nurses: witness the wonderful development of volunteer service in connection with Visiting Nursing Associations, with Child Welfare Centres, milk in the schools, group teaching of mothers, Little Mothers' Leagues, etc.; in fact, in connection with the general education of the community in the meaning and value of health practice.

The initiative for the establishment of a visiting nurse in a community has always been taken by volunteers, with the single great exception of Miss Lillian Wald of Henry Street. In 1859 Mr. Rathbone, a merchant of Liverpool, conceived the plan of having a trained nurse visit in the homes of the poor, and since then hundreds of public-spirited individuals or groups of individuals have assumed the responsibility for organizing, financing and administering the work of the professional visiting nurse. We are counting, too, by the hundreds—nay, thousands—the lay men and women who are associated with some form of health work in voluntary national organizations, such as the Mental and Social Hygiene Councils, Red Cross and Child Welfare, as well as the Victorian Order of Nurses, all of which have community health in some specific form for their object; and in service clubs, Women's Institutes, I.O.D.E., and other organizations which include the promotion of health in the programme of their interests and activities. Special contributions of great value and variety are given by such men and women. Raising money in general campaigns or for individual cases looms large in their service. Important, indeed, is the work done by educated members of faithful committees, who act not only as endorsers to the community of the work undertaken, but also as speakers, writers, and representatives at conference and council, thus interpreting their association's functions and the part it plays in the larger health programme of the community.

We have, too, responsible men and women who, with vision and courage, undertake under professional direction, the organization of demonstrations of new health-giving measures, and who carry on such work until its success has been so definitely established that the obligation devolves upon the official public health department to take it over as part of their regular programme. . . . Specific tasks are always a delight to those people who like to see immediate results of their work, and to express their sense of kinship with humanity by serving others in an active rather than an advisory capacity. And so we find other volunteers, under direction and with some form of training increasingly evident in their work, giving clerical service, motor and flower service, interviewing, recording, weighing and measuring babies whom they undress and dress, making bandages and clothing, finishing off work done by patients taking occupational therapy; establishing, too, fresh-air camps and other rest and out-door privileges for cardiacs, malnourished and crippled children, and for adults in need of this restoring care.

We have, then, on the one hand, hundreds of volunteers ready to be of service, and on the other an ever-increasing but never sufficient number of public health nurses in voluntary associations and in municipal and provincial service, all of whom are eager to serve the community. Definition of duties, of mutual relationships, will be constantly necessary if the work undertaken is not to be hampered by mistakes due to over-zeal, indifference, ignorance or lack of co-operation. No formal technique has yet been developed covering these relationships. We are at an interesting stage of growth in this regard. A rural community superintendent suggests in this connection that the time necessarily spent in the past on building up the technique of professional

standardization, procedures and routines, in adjusting relations between medical and nursing professions, should now be spent, in part at least, in developing the technique of working with committees and the community.

It is without doubt the duty of Boards to select a good visiting nurse director, and it is their duty to safeguard the health and general well-being of the staff. In their hands also lies the responsibility of defining general policy and seeing that it is carried out. It is they who raise the funds necessary to carry on the work and who have to answer to the subscribing public for the best returns possible in the way of health service. Board members, too, should educate themselves in the details, scope and possibilities of their own organization, as well as in conference with others on agency practices and community needs. They are slowly realizing the need for careful selection of new Board members and of definite work for them on the nursing, education, and other sub-committees. The advantage of rotation of service on these committees and on the Board itself is becoming increasingly evident. Most important of all, Board members feel the need for close and frequent individual contact with the superintendent of nurses. Education through association in work offers the surest guarantee for the continuance and the success of that work. Professional exclusiveness is, I think, less in evidence with the public health nurse than with those in hospital and private practice. Is it not true, however, that some superintendents, and many doctors, still prefer the kind of Board that concerns itself chiefly, if not wholly, with the raising of funds and the replenishing of supply cupboards? This does not make for complete partnership and the work will show this defect in the long run if not immediately. Pressure of time and work, together with a lack of understanding of the value and possibilities of the common service to be rendered, are accountable for this state of affairs. Frankness, mutual respect, vision and tolerance are required by both volunteer and professional, and they should provide a sound basis on which the technique of partnership can be worked out. No better proof can be quoted of the confidence shown by public health nurses in their lay partners in the field than by referring to the membership of the National Organization of Public Health Nursing in the United States, established 12 years ago, when a section in administration had a volunteer for chairman and another as chairman of finance. There are now over eight hundred lay members belonging to this organization. In joint conferences their mutual problems are being discussed and in this way, slowly but surely, there is being elaborated a technique of relationships between volunteer, doctor and nurse which will enhance the value of the professional woman in the special work for which she has been trained, while imposing higher standards on the volunteer, and a closer fellowship with finer team play on both.

Has progress been as marked in the socialization of the hospital? Do we find an equal confidence extended by the hospitals and training schools to the volunteers associated with them in their great undertaking? How many nursing schools and hospitals have advisory Boards, and what use is made of such Boards? May we not find in hospital work "a hierarchy of independent rulers and a professional autocracy of absolute power which may be a source of danger because of its independence of outside control, because of its ignorance of or indifference to outside values and standards?" And when the hospital is associated with university medical schools, is there not also a danger in the tendency to consider the hospital first as a clinical teaching field instead of recognizing

the fundamental truth that the hospital exists primarily for the patient and only secondarily as a training field for nurses and students? "Is not the usual attitude in most hospitals one of deliberate aloofness on the part of the doctor and the nurse? It is true, of course, that boards of governors who raise money or give money, and whose names represent business success and position in the community: it is true that the hospital prizes such people highly because, of course, the financial responsibility is one which, in the main, professionals cannot undertake unaided. But is this a fair estimate of the service which can and might be rendered by the layman in connection with hospital and nursing service?" The old ideas of a close professional corporation, independent of and undesirous for co-operation other than financial, will surely have to give way to the new ideas of partnership for promoting the health of the community, and to a recognition by the leaders in the medical profession of the services, minor and major, active and advisory, that may be rendered by the volunteer of experience and training in the great work being done in the hospital. This work is remedial and curative. It can be supplemented and completed to a far greater degree than is the case today by other services, educational and preventive, in which the volunteer may play a part. Few hospital reports record the number of patients who return to hospital, giving the reasons for their return. As cases—stomach, heart, brain, appendix, etc.—we get the records, it is true, but if the ultimate endeavour of all health work is not only to cure those who are sick, but to promote their health and thereby prevent recurrence of illness, the scope of hospital service will surely be definitely and continuously widened to embrace preventive and educational work in so far as such can be legitimately carried on within the walls of an institution organized primarily for the care and treatment of the sick.

Hospital social service as an integral part of the institution is, of course, the striking example of volunteer service in this field. Outstanding among hospitals using such service is Bellevue Hospital in New York, where ten women's auxiliary committees look after different subdivisions of the work under Miss Ruth Morgan, volunteer, as bureau chairman. Fifty-one nurses, eleven office staff and one hundred and fifty volunteers cover such divisions as children, psychopathic, tuberculosis, Jewish auxiliary, two day-camp boats, and a Bellevue auxiliary Settlement House, where women suffering from tuberculosis await vacancies in sanatoria. These committees also provide emergency relief, such as surgical belts, splints and artificial limbs, and supply extra salaries at times for some of the staff. Weekly meetings with nurses and sub-committees afford opportunities for mutual understanding and help. Miss Wadley, nursing head of the social service staff, says of these volunteers and committees, "Without their enthusiastic moral and financial support, our hospital social service work would be limited indeed." The contact of the volunteer with nurse and doctor revolutionizes the routine thought of the hospital, because her attitude emphasizes the restoration of the individual to normal economic independence rather than the condition of the individual case. This transfer of outside values and standards to both staff and patients through the ward and clinic visitor is in itself a great contribution towards seeing the patient sanely and seeing him whole. In Bellevue the workers in clinics undertake two services weekly (veterans three) from one to four p.m. or later. If late or irregular, they are replaced. The volunteer workers receive the patients, take histories, assign them to clinical services and decide on their social needs. When necessary

they link up patients with community resources, such as relief agencies, convalescent homes, legal aid, etc. "Each volunteer is recommended to serve on at least one case conference in order to test the efficiency of the hospital social service. Working in an agency and getting service for an individual from that agency are two parts of a whole, the latter half of which is frequently overlooked. The volunteer here serves as an open roadway between the hospitals and the agencies which serve the individual patient. The volunteer renders an additional service in hospital social work by giving her time to gain the confidence of the patient and to combat the old tradition of fear, hate and the black bottle, and the idea that entering the hospital ward means death or utter isolation from friends and family. A high standard of consideration, courtesy and helpfulness is not only deserved by the sick poor waiting long hours for expert service, but can also be given by the volunteer who is aware of her responsibility and of her opportunity for service to the patient and the hospital." Miss Morgan, whom I have quoted, suggests that, on the presumption that volunteers are largely educated women of the leisure class, opportunities await them for further service in the way of "writing hospital reports and lifting them from their present dullness and low level achieved by harassed doctors and other over-worked professionals to something of interest and of concern to every citizen who may one day enter a hospital," not only to be cured, but, through education in personal hygiene, to be set upon the road to more abundant health.

Two delightful volunteer hospital services with which we are familiar in Montreal are the library work under the McGill Alumnae Society, and the Canteen Service under the direction of the Junior League for patients waiting in the Out-Door Department of the Montreal General Hospital. The latter is just completing its sixth year. Five or six Junior League members attend daily from ten to two o'clock, on Saturdays from ten to one p.m., during nine months of the year. The League pays the salaries of two workers during the three summer months. The menu includes soup, coffee, milk, three kinds of sandwiches, buns, pies and ice cream. While established primarily for the waiting Out-Door patients, the canteen has won the eager patronage of busy doctors and students, so that now the service to about one hundred people daily is fairly evenly divided between both kinds of patrons. Free milk is given to all waiting children. After paying all the expenses in 1925-6, amounting to three thousand five hundred dollars, a donation of seven hundred and seventy-five dollars was made to the Social Welfare Department of the hospital, while over sixteen hundred dollars of a balance was turned in to the League for its other good works. We know of no other hospital where such welcome work of this kind is being carried on and so profitably. Nurses and doctors join in acknowledging the help which contributes so much to their comfort and to that of the patients.

The Montreal Junior League gives varied services in five of Montreal's hospitals, besides running a dental clinic, a Children's Summer Camp and assisting in the Victorian Order of Nurses' and Child Welfare Associations' health work. All this in addition to their other social work in settlements and relief agencies. A library of seven hundred books in six different languages is operated by the League in the public wards of the General Hospital.

Two of the best and most famous hospital library systems in America are operated by the McGill Alumnae Association: the first in the Royal Victoria Hospital, with over three thousand books in twelve languages; the second with four thousand nine hundred and fifty English and

French books in St. Anne's Military Hospital. When the first military hospital was opened in Montreal early in 1917 the Alumnae Society seized the opportunity to establish and conduct a library such as the soldiers had enjoyed while in hospital in England. Nine of these libraries in all were established and operated by the Alumnae, six of which were under their control, with all expenses met by the society. These libraries penetrated only the military wards of several hospitals and the military hospitals themselves, but the need for similar work for civilian patients was not long in making itself felt. Upon the closing of most of the military hospitals in 1920 and the ensuing concentration of soldier patients in a hospital thirty miles from Montreal, the service was necessarily reorganized and finally became concentrated in the public and private wards of the Royal Victoria Hospital and in the Military Hospital at St. Anne's.

Two books per bed is quoted by hospital libraries' authorities in the United States as necessary for any hospital library, but in both Alumnae units the library is many times that size. One dollar per capita is considered by the American Library Association a reasonable basis upon which to operate a public library and is offered by them as a suggestion to hospital authorities. Expenses in connection with the Alumnae libraries are nothing like as much, this being due to the voluntary service supplied by the convener, who is a trained and certified librarian and gives two or three hours daily in hospital, and by the sixteen regular workers, two of whom distribute and collect books in the hospital every day except Sunday. A paid worker is supplied by the Alumnae and the Royal Victoria Hospital during the summer months. The new maternity wing, containing two hundred beds, has its branch library, in addition to the main hospital service where 16,639 books were loaned last year. The Royal Victoria management has found the library such a help to the patients that they have contributed to the cost and furnished some of the equipment, voluntarily increasing their contribution whenever any extension of the service seemed to be needed. A two-shelved delivery book wagon of just the right height for bed-patients' eyes and able to contain about one hundred and fifty books is greeted with joy twice a week in all the wards. Many are the happy, humorous and pitiful tales told by nurse and worker as to the amazement, incredulity and ultimate rich content of patients who are comforted by this service, their spirits kept bright and the work made easier for the nurses. Locked boxes with chutes into which books may be dropped when read—the invention of the librarian—are placed at the door of each ward. All books are catalogued and cared for in a modified form of the system used at McGill University. When establishing the branch for the military hospital at St. Anne de Bellevue, the committee realized the impracticability of its being conducted by voluntary workers. Negotiations successfully brought about the appointment by the Government of one of the nursing staff as permanent librarian. She works from 9—5 p.m. daily and receives her orders for library work from the Alumnae committee, who furnish all supplies. English and French illustrated magazines can there be had for the numerous mental cases who do not care to read, and a special department is in full operation in the two wards for soldiers suffering from tuberculosis. The statement of the medical superintendent that neither the patients nor staff could live without the library is supplemented by that of the patient who said, "Sister, we would die without these books. All we have to do here is to suffer and think of ourselves or read." And the doctor said, "More things are wrought by books than this world dreams of."

Let us turn from the volunteer to her senior partner for a moment. With the higher educational standards now being required in training schools, there will come, I trust, opportunities for the nurse while in training to take some courses in sociology and community life and organization, with possibly limited field practice in a family or child welfare agency. Miss Wadley definitely advocates the inclusion of social service in the curriculum for both medical students and nurses alike. Teaching nursing by the application of the case study method has already been effectively demonstrated in the New Haven Hospital. Other training schools, it is to be hoped, will soon follow the pioneer leading of Miss Effie J. Taylor, superintendent of the New Haven Hospital, who instructs her students in the understanding of their patients as individuals rather than as cases, and who stresses procedures as applied for the recovery of the patient rather than centering the attention of the nurse on the skill and precision with which she carries out certain technical acts or treatments. Miss Taylor's views on this subject are ably presented by her in a publication issued from Geneva last January by the International Council of Nurses. In it she says, "One of the most important assets for a nurse is a point of view and sympathetic understanding of the many relationships bound up in life. We are much troubled about relationships, both ethical and professional. We carry our knowledge about in tight compartments fearful that someone out of caste may acquire an idea which was not intended for him. . . The real nurse should be a health worker, a social worker in its broad sense, and a teacher in the institution and in the family. Illness is the result of physical, mental or social maladjustments, and nursing implies the care of the whole patient who is a complex human being." Miss Taylor is in no doubt as to the need for all nurses to have a community sense, to be community conscious. This can only come about when nursing education is of a broad and social type, not only during the years in training, but carried on and over into all post-graduate work that leads to such service as that of hospital administrators, teachers, supervisors and public health workers. Education of this kind will speed the day when the nurse will habitually look for and receive co-operation from the educated lay-worker in the great adventure of bringing care and comfort to the sick, and health more abundantly to those that are well.

This brings us to our last point, namely, the possibility of a contribution from volunteers on advisory boards of nursing schools connected with hospitals, or associated with both hospital and university. In Miss Goodrich's 1925-6 report of the Yale School of Nursing she refers to "ten to fifteen schools of nursing connected with universities offering a five-year combined college and professional course leading to a bachelor's degree." There are also several hospital post-graduate schools that offer two-year courses which might well lead to a degree. These more recent developments in nursing education recognize not only the increasing need for well-educated and highly-trained women in the nursing profession, but emphasize by implication, and often in actual terms, the definite responsibility of the nursing profession to supply adequate nursing care at moderate cost to the community. Whether this is to be done, as Miss Geister suggests, by "centralization of nursing resources under central registries or associations organized to distribute economically various grades of nursing service; and through group service given in private wards by one nurse to two or three patients" is a question that is commanding the serious consideration of nursing leaders at the present time. Miss Geister says "that every fact points towards the

inevitability of change in the present system, for patient, doctor, nurse and community are all dissatisfied with the present order of things." The volunteer notes with interest the statement by the Rockefeller Foundation Review of 1925 at the close of a lively presentation of the nursing problem, "That there are now fortunately committees which include doctors, nurses and lay people beginning to study the problem with open-mindedness and good-will." Up to the present the opportunities for lay-partnership in the nursing educational field remain largely unexplored, for few indeed, are the training schools that have auxiliary lay committees.

In the education of our children, we not only pay the teachers who give that education, but we establish boards of education with joint committees of teachers and laymen (sometimes lay women, but these not as often as should be the case), who contribute much by their common service towards the improvement of methods, policies and relationships in school work. In like manner we pay for our nursing service, private and public, but the nursing schools stand apart, unless when threatened by the senior profession of medicine, which still evinces a desire, as witnessed in both the provinces of Ontario and Quebec within the last few months, to control and dominate their very existence.

Scholarships, the questions of nurses' insurance and pensions, holiday camps, convalescent homes, publications, endowments, loan funds, prizes and countless other things easily present themselves as subjects which might profitably bear the intrusion in professional discussion of a friendly lay mind and voice. Are there not dozens, nay hundreds of grateful patients, men and women, who have seen something of the real spirit of nursing from the point of vantage of a hospital bed, who would be willing to forward the interests of the profession and of the nurses in training in some of the ways indicated if they were organized into real committees? These should not be committees of representative names alone, men and women who meet once or twice a year to act as a rubber stamp for the work of the professional, but they should be committees with definite tasks to do, made up of individuals who will give the necessary time, interest and study as they are needed.

Before they all get wedded eternally to golf and bridge, to club life and the movies as the only fields to which to devote their leisure time and surplus energy, let the nursing profession call them in and show them some of the more excellent ways in which they can be of use, particularly the way of fuller life through education and co-operation in health and nursing service.

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To "make others happy" except through liberating their powers and engaging them in activities that enlarge the meaning of life is to harm them and to indulge ourselves under cover of exercising a special virtue. . . . To foster conditions that widen the horizon of others and give them command of their own powers so that they can find their own happiness in their own fashion is the way of "social" action.—JOHN DEWEY.

# Editorial

## *An International Loss*

Word has come that Baroness Mannerheim is dead. This word will bring desolation to nurses all over the world.

Baroness Mannerheim was one of the rare souls that one is fortunate in meeting once in a lifetime. She left an indelible imprint on all with whom she came in contact. Can one analyse such an influence? Scarcely. One can only say that she had physical beauty, intellectual gifts of the highest order, a subtle humour, gayety, a heart so kind as to shelter all who were troubled or weary, a charm of personality which brought all to their knees who came under her beneficent spell. And yet one feels that there was a something beyond all these gifts which left its halo of greatness on this noble woman. This was the *selflessness* which sought not her own good, but that of others. In this she was truly Christ-like.

A great personal unhappiness fell to the lot of Baroness Mannerheim as she entered the threshold of womanhood. It was probably this which shaped her life, and sent her to St. Thomas's to take a nurse's training at a time when this was unprecedented in the aristocratic families of her native country. Although the first Lady of the Land in Finland, the source of her greatest personal pride was the fact that she was a professional nurse. She took her profession most seriously, so much so that for twenty years she was matron of the largest surgical hospital in Helsingfors, was President of the first Finnish Nurses' Association, and, as all the world knows, became President of the International Council of Nurses.

There are at least fifty nurses in Canada who had the privilege of meeting Baroness Mannerheim at the Congress of the International Council of Nurses in Helsingfors in July, 1925. Not one of these can ever forget the dignity and ineffable grace with which she presided over the great gatherings that took place during the week of that meeting. But only the representative on the Executive Committee knows that, with all the responsibilities of such a huge organization on her shoulders, and with all the social functions to be presided over, she spent most of the nights of that week until two and three o'clock in the morning, conducting executive meetings. Under the stress and strain of such a load never once did her gentle tranquility and poise fail her. Never was there the slightest sign of irritation, and always she was sustaining by encouragement and kindness those associated with her. Once one saw her walk from the room with her arm around a stenographer who was beginning to break under the strain, imparting to her some of her own calmness and strength.

At National Office in Winnipeg there is a book containing the signatures of the guests at the Canadian luncheon in Helsingfors. Heading that list is the signature "Sophie Mannerheim." That luncheon was a memorable occasion, for at it each Canadian nurse at the conference had the opportunity of meeting and chatting with Baroness Mannerheim. One can still see the calm, beautiful face of this beloved woman as the nurses were presented to her, and can still hear the deep, gentle accents of her voice as she rose to speak. Her

remarks were like a benediction, with the magic of a beautiful gayety added.

May we make this suggestion? At the next meeting of each Nurses' Association in Canada, would it not be appropriate that the tribute of two minutes' silence be paid to the memory of one who has brought honour to the profession of nursing wherever it exists in the world today?

"She is not dead. Such souls forever live in boundless measure of the love they give."

"Peace; come away; the song of woe
Is after all an earthly song:
Peace; come away; we do her wrong
To sing so wildly; let us go."

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## *Nurses Honoured*

### *MISS A. M. MUSSON*

Miss A. M. Musson, C.B.E., R.R.C., chairman of the General Nursing Council for England and Wales since 1926, and present honorary treasurer of the International Council of Nurses, has been included in the new year's honours and granted by His Majesty the Order of Commander of the British Empire. Miss Musson is a graduate and gold medallist of St. Bartholomew's Hospital (London) and was for many years matron of Birmingham General Hospital.

### *MISS JEAN E. BROWNE*

Miss Jean E. Browne, national director of Junior Red Cross in Canada, was honoured recently by the Spanish Red Cross Society when that Society conferred on her a medal in appreciation of her distinctive work in the preparation of Junior Red Cross Exhibition material. Miss Browne was president of The Canadian Nurses Association for four years, 1922-1926. The members of the Association offer their congratulations to their immediate past-president and wish the Junior Red Cross and its director in Canada continued success and still greater development among the children of the Dominion.

### *MISS MABEL K. HOLT*

Miss Mabel K. Holt, recently appointed superintendent of nurses of the Montreal General Hospital, graduated from that institution in 1919. She is of English parentage and education.

Miss S. E. Young and Miss Holt, her successor, were both trained by Miss N. G. E. Livingston, that pioneer of nursing in Canada. Miss Livingston and Miss Young (her assistant) early recognized Miss Holt's ability, which coupled with a gracious and charming personality makes her most admirably fitted to follow in the footsteps of her distinguished predecessors: Miss Livingston and Miss Young.

Since graduation, Miss Holt has occupied the position of second assistant superintendent of nurses in her own training school; graduated in Hospital Administration from the McGill School for Graduate Nurses in 1924; for one year was on the teaching staff of the Montreal General Hospital; for two years was assistant superintendent of nurses at the Hamilton General Hospital, and now assumes the position of matron of the school of the Montreal General Hospital, in which position she is wished all success by her friends and co-workers.

# *The Minot-Murphy Diet*

By IVY DOROTHY LAYTON, Chief Dietitian, St. Boniface Hospital, St. Boniface, Man.

This diet was named after the doctor who obtained most gratifying results by its use in the treatment of pernicious anemia.

Large quantities of calves' liver and other visceral organs, combined with proper proportions of other high iron foods are used, the daily allowance being:

Five to six ounces liver, beef kidney, sweetbreads.

Five to six ounces muscle meat, either beef or mutton.

Four ounces fresh vegetables—spinach, carrots, beets, turnips, lettuce, celery, etc.

Four ounces fresh fruit of all kinds: also raisins, prunes, figs.

The amount of hydrochloric acid used is prescribed by the physician.

Many people, however, do not care for liver: a fact which is even more noticeable among invalids; so that the difficulties confronting nurses in trying to keep the patient contented with the diet can be well understood. Fortunately, however, when the patient has taken the diet for a few days there is a gradual increase in appetite for all food. As the patient notes the improvement in his condition which takes place during the first week he becomes interested. If some method of cooking liver, other than frying, can be resorted to it is relished better. Variety in methods of preparation would remove a great obstacle, that of "sameness," in this valuable treatment.

The following are some old recipes used in England and France, where liver is a very popular food. It has been found that this usually most unappetizing food reaches a state of dignity in invalid dietary when prepared according to these different formulae.

*Liver pulp*: Put raw liver through a meat grinder several times, using the smallest attachment. Add cold water sufficient to make it the consistency of heavy cream; strain, using a coarse sieve or potato ricer. Serve with orange juice. (This is most often given to patients with no appetite or ability to eat proper foods. It is most suitable to start the treatment.)

*Scraped liver*: Dash the liver in hot water; remove the skin; broil until cooked through; scrape through a sieve. Use as a garnish or in soups.

*Liver soup*: Add half cup scraped or sieved liver to two cups tomato juice or chicken broth; season with onion if desired.

*Cream of liver soup*: ½ c. scraped liver; 2 c. milk; 1 teaspoonful flour; 1 teaspoonful butter; seasoning. (Melt the butter, add flour, add milk and seasoning; boil a few seconds; add liver; serve with toast.)

*Larded liver*: Take a lamb's kidney and spread with lard or dripping; place it in a deep casserole with chopped onions, carrots, slices of fat bacon; salt, pepper and herbs (as sage, parsley, thyme); cover with water or a good soup stock; cook in a moderate oven about an hour.

*Mock duck*: Take a fresh calf's liver and stuff with duck dressing; put in a pan; cover with strips of bacon fat and allow to bake for two hours, basting frequently.

*Liver mould*: Mince one pound of liver and a few strips of bacon; mix with half a cup of bread crumbs, the yolk of two eggs and seasoning to taste; steam in buttered moulds.

*Omelet and lamb's kidney*: 1 egg, 1 teaspoonful onion (chopped fine), 2 teaspoonfuls milk, 5 ounces liver, seasoning. Make usual omelet. Boil the kidney; cut into slices and use as garnish. Serve with tomato catsup.

*Spanish liver*: 2 teaspoonfuls rice, 5 ounces liver, 3 cloves, ½ cup tomato, 2 teaspoonfuls onion, 3 red peppers, 3 peppercorns, seasoning, bay leaf. Boil liver with spices until tender, dice; boil rice; combine all ingredients and mix with a little soup stock; simmer until thick.

*Carrot and liver salad*: 5 ounces liver, 2 teaspoonfuls raw cabbage, 2 teaspoonfuls raw carrot, salt and pepper. Boil liver until well cooked; add salt; remove and put through meat

chopper; add vegetables and seasoning; mix with salad dressing; serve on a lettuce leaf.

*Stuffed Baked Onions*: 1 large onion. 5 ounces liver. 2 teaspoonfuls celery, salt, water. Boil liver—save the stock for other liver dishes; grind liver and celery; scoop out centre of onion and fill with liver mixture; bake until tender. (This may be used with other vegetables, as carrots, tomato, potato, etc.)

## *My Ideal Nurse*

By LOUISE STEDHAM, Student Nurse, School for Nurses, Montreal General Hospital.

An ideal in any walk of life, no matter whether it be as nurse, doctor, business woman, or in any other profession, cannot be entirely dissociated from those qualifications which make the ideal man or woman. The profession or work engaged in is dignified by the perfection of the personality engaged in it.

There are therefore two divisions into which the qualities of an ideal nurse fall. First, there is the catalogue of those virtues which must be possessed by her as a woman, and secondly, there are those peculiar characteristics which make her the ideal nurse. On those coming under the first heading we shall probably find it easy to agree, but upon the others we each construct our own ideal from materials which have to do with our personal likes and dislikes.

In any event an ideal is not an idol. It is something attainable, set up by ourselves as a copy, to emulate and become.

Were we to attempt to trace the source from which has come the image of our ideal, we should find that characters we have known, personalities met with in our home life, heroines in our favourite books, have all gone to create for us individually the dream-woman of our ideal nurse.

The word "nurse," from its association with the knowledge of fine characters in the past and present who have graced the profession, immediately suggests so many noble traits that it is difficult to say which of them must be owned by our ideal. She is the leader in acts of mercy. She is so devoted to her profession that every other attraction for her is secondary. Her kingdom is to care for the sick, to lighten depression, create contentment. A woman of great reserve, knowledge and understanding.

She must be the noblest, the best, that womanhood can produce.

Her sympathies are as broad as the universe.

John Wesley said, "The world is my parish." The nurse says, "The world is my patient." And she must be consecrated to this great work, drawing her inspiration from the sincerity of her conviction that she is needed to minister to suffering humanity.

Realizing that the effectiveness of her service is measured by the thoroughness of her preparation, the energies of her mind are given to the acquisition of knowledge and experience. Her deft fingers are guided by s u r e judgment, her sympathies are constrained by experience.

The nurse — she is the theme of poets, the inspiration of the artist; but more than all, she touches the imagination of humanity because she is its servant in suffering, one touch of which suffices, "to make the whole word kin."

Even if it is possible to create in one's imagination the definite outline of an ideal nurse, can one find words to describe it? Does not the very attempt to clothe it with words defeat its own purpose?

The guiding ideal is like the star at sea. It points ahead; we seek not to know how it came, or what is the stuff of which it is made. We follow the gleam, trusting it to lead us, if we are faithful, to the port of our cherished hopes.

# *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

## X

## *HOSPITALS IN THE EARLY CHRISTIAN CHURCH*

By NORENA MACKENZIE,
Montreal, P.Q.

The fundamental difference between the pagan and Christian eras was the doctrines underlying them. The gift of the Christian era was that of love. As we read of the great intensity of spiritual experience of the saints of nursing and hospital history manifested in their beautiful Christian character of self-denial, and appreciation of God in man, we thrill to the purple patches of the history of our profession.

If the transition from paganism to Christianity left but the indelible origin of hospitals then it were a history replete! The corner-stone of our hospital organization, itself a manifestation of love, was the Christian church, and to the early ambassadors of that faith we owe the structure of the present-day system.

The Old World was unacquainted with hospitals in the true interpretation of the word. True, there were near the temples of Aesculapius houses for the reception of visitors who went there to seek for themselves or for others advice of the Dream Oracle, but they were not specifically for the sick. The intolerance of incurables, and of the events of birth and death under paganism, stand in marked contrast with their recognition—as of all forms of sickness and suffering—under the dispensation of love.

When the number of Christians began to multiply, peculiarly enough, distress increased too: due to the very troublesome times produced by the conflict of the two civilizations. The facilities provided for the alleviation of the distressed, such as the hospitality shown by Christian men and women and the reception of the suffering by bishops, were not adequate. Kind though history has been it has not thrown light upon the origin of the first institutions for the care of the sick and distressed. It is easy and reasonable to suppose, however, that they were the outgrowths of the work being carried on within the precincts of the bishop's dwelling. The two big factors in their growth were the great amount of misery and the dominating influence of institutional activity.

Diakonia, the original form of modern hospitals, evolved from the bishop's house, sprang up everywhere in the East. One of the most important diakonia—the first real hospital—was that founded by Ephrem at Edessa during a malignant epidemic in the year three hundred and fourteen. It was divided into wards and contained some three hundred beds.

But diakonia relieved only an infinitesimal fraction of the distress, and in order that all individuals requiring protection and charity might be properly cared for xenodochia sprang into being. They were amplifications of diakonia and were specialized institutions for every class of dependent, which we may gather from the innumerable designations of the various departments: such as xenodochia, or houses for strangers: nosocomia, houses for the sick; and cherotrophia, houses for widows. It is generally believed that the first xenodochium was founded in the time of Constantine; but the first really reliable information was found in the efforts of Julian when he endeavoured to re-establish paganism by erecting xenodochia and ptochatrophia in order that he might combat the influence of the Christian church.

In the East the axis about which the work revolved was found in Basil and Chrysostom. In the year three hundred and seventy, Basil, one of

the Greek fathers, established the famous Xenodochium Basilias in Caesarea, and all the towns of Caesarea quickly copied the ideal by the erection of others.

"Faith without works is dead" was indeed appreciated by those early saints, and the radiation of their regeneration was abundant in their good works. In Chrysostom it was notably manifested, when, preaching at Antioch, he built a xenodochium, and due to his unselfishness and simple manner of living he erected out of the church revenues two hospitals in Constantinople.

The West was not without the periphery of the Christian influence, and the central figure of the work of the new doctrine was Jerome. Coupled with the work of Jerome were the unceasing efforts of two patrician ladies, who resigned the luxuries of the period and adopted the ascetic manner of living for the furtherance of Christianity. Fabiola and Paula! One of the striking characteristics of the Christian era was the great recognition of women, and unmarried women especially found themselves with various opportunities for service, chief among which were nursing of the sick and the care of the poor. To the commemoration of both Fabiola and Paula are xenodochia. The first Roman hospital, Nosocomium, was established in the year three hundred and ninety by Fabiola. It is referred to as "a place for the sick as distinguished from objects of charity who were simply poor." Paula's efforts lay in the East, though she was a Roman by birth and culture. She built a hospital in Bethlehem in connection with Jerome's work there.

The arrangements of the xenodochia are not definitely known, so scanty is the information regarding them, but the Basilias in Caesarea is described as "a town before the town." There were specialized houses for the admission of each type of dependent, there was accommodation for the servants and attendants, there were workshops. The church occupied the central position and streets divided the compound into definite areas.

There were two means of maintaining the xenodochia. If they were the direct establishment of the Church the revenues of the Church were applied towards their upkeep; but if they had been built by private individuals, then their source of income was from endowments. Gratuitous offerings—one of the chief acts of those who embraced the Christian faith—was one avenue of income.

The nosocomia had physicians and many attendants. It is presumed that the attendants received some remuneration. Frequently, however, there were those, chiefly women, who gave their services voluntarily and untiringly. It is believed that all attendants led a monastic life.

There was great connection between the xenodochia and *monachism* because those who promoted and sponsored one were invariably leaders of the other. Frequently the relation was so close that it was difficult to differentiate between them. The institutions came under ecclesiastical control, but the state offered some protection. They received the same privileges as the Church, and could, independently of it, acquire property and receive legacies. The ecclesiastical dignitaries were very conscientious in governing and providing for the xenodochia.

Originally the monasteries had xenodochia under the control of the diocesan bishop, and as the monasteries became more independent of the diocesan, the independence of the xenodochia became parallel.

Their organization and form of government was prophetic of the monastic Orders of the Middle Ages.

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## XI

### *PAULA* (347-404 *A.D.*)

### *Roman Aristocrat and Christian Saint*

**By ELINOR M. PALLISER, Montreal, P.Q.**

It must have been an amazing sight, about the end of the fourth century, to see men and women of the highest

Roman aristocracy, members of proud old families who had been pagans and whose ancestors had worshipped the old gods for centuries, leave their palaces and give up their luxurious ways of living to devote themselves to a Christian life (as it was then understood), exchanging gorgeous robes of state for the drab, coarse garments of monk and nun, and ministering freely to squalid beggars and loathsome sick. This movement was influenced by the teaching of bishops and other clergy and became almost a fashion or vogue.

These aristocrats distributed their immense wealth among the ever-needy poor, obeying the command of Christ to the letter, and became almost fanatical and wholly under the influence of their selfless craving to give to the Church and to do whatever would further the cause of Christ.

Jerome was the spiritual father of this circle. He was a man noted for his narrow monastic views but also for his self-denying, self-renouncing piety. He had great influence among the noble Roman matrons, whom he induced to follow his teachings and cast aside all other duties, even so far as to leave their children to the care of others. This was true in the case of Paula, the most prominent, perhaps, of all these Roman matrons, and the subject of this essay.

Paula was a descendant of Agamemnon and her husband was descended from Aeneas. Previous to her conversion she was possessed of a spotless reputation, although she lived the luxurious life of the wealthy Roman aristocrat. She was a devoted wife and mother and deeply lamented the death of her husband, Toxotius, which occurred when she was only thirty-two years of age, leaving her with four children and an immense fortune. Paula was a woman of great ability and had a knowledge of Latin, Greek, and Hebrew, which latter she perfected in order to be able to sing the psalms in the original. After she was converted she gave vast sums to the poor and sick, assumed coarse dress and undertook all sorts of menial duties in the relief of distress.

In 384 A.D. she sailed for Palestine and spent the remainder of her life there, with her daughter, Julia Eustochium, who shared her mother's religious views and ideals. Paula left behind her in Rome her young son and daughter to the care of others. There in Palestine, not far from Jerusalem, upon the advice and with the aid of Jerome, she built a hospice, a convent for women, and a monastery for men. Paula's capacity for organization and management, her patience and tact, were highly praised by Jerome, from whose letters we have our only account of her life. Her whole life was one of personal service and self-sacrifice, and her incessant charities soon consumed even her vast fortune.

Frequent illnesses and bodily mortifications, which were extreme even for that time, caused her to succumb to a severe illness. Jerome describes her death in 404 A.D. with great feeling, and tells of the love and devotion of her daughter, and the grief and concern of the whole community. The bishops of the surrounding cities were present, among them John of Jerusalem, who had been outstandingly opposed to convents just four years previous. Her funeral was a kind of triumph; the whole church gathered to carry her to her resting place in the centre of the Cave of the Nativity. She was canonized by the Roman Catholic Church, and St. Paula's Day is January 26th.

These Roman matrons were powerful women, by birth, and their ability and zeal and the strong permanent influence which they had for good cannot be over-estimated. To us this almost fanatical craving seems to denote a rather unhealthy, morbid state of mind, but that was how the Christian religion was manifested at that time. Paula may be criticized for leaving her sorrowing children to strangers, and at the last in poverty

and even in debt, but at that time it was but a proof of her sincerity that she, a devoted mother, could do this.

Among primitive people nursing is a superstition, chiefly manifested by exorcising the demon, etc. In ancient times it was a form of religion, as demonstrated by Aesculapius and his priestly attendants. Before the Christian era it ranked, for the greater part, as a domestic accomplishment. Paula was instrumental in elevating nursing into a calling. Florence Nightingale converted it into a profession, and today it is gradually being transmuted into an art.

Who can tell to what extent the high standard of modern nursing is due to the sacrifice and vision of Paula and her noble associates?

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## XII

## *A SHORT LIFE OF PAULA*

**By MARION CLARK, Halifax, N.S.**

The Rome of the fourth and fifth centuries was a decaying Rome. This conquering nation had made all the world Roman, and having reached the zenith of its civilization, began to fade. In 313 A.D. Christianity was embraced by Constantine and became a legal religion, but, in order to hide the moth-holes in the government of the country from the public, these emperors had surrounded themselves and their households with oriental pomp and luxuries. The sovereign's person had become sacred, and he was surrounded by a host of officials all living in extreme luxury, and with many slaves at their beck and call.

Into the part of this aristocracy which was still pagan, Paula was born in 347 A.D. She was of the first families, tracing her descent back to Agamemnon and the Gracchi. At an early age she was married to Toxotius, a lineal descendant of Aeneas, to whom she gave three daughters and a son.

She was widowed at thirty-two years of age, and through the influence of Marcella and her group, became the model of Christian widows. During the synod at Rome in 382 A.D. she came under the sway of Jerome and with him applied herself to the study of the Scriptures. During this time she became greatly imbued with the Christian spirit of charity and began the dispensation of her enormous wealth to the sick and needy.

Her naturally ascetic tendencies, fanned by Jerome, continued to increase until, in 385 A.D., with her daughter Eustochium, in spite of the tears of her son and the entreaties of her daughter, Ruffina, she set sail for the Holy Land. Here she made all the usual pilgrimages and took joy in visiting every place where her Lord had passed His life on earth. Thence with Jerome she visited Egypt to gain inspiration from the Enchorites and Enobites, whom she observed there.

Following this, they returned to Bethlehem, where Eustochium was, and these two took up the real work of their lives. Paula, using her own and her children's wealth, established a monastery for men and a convent of three degrees for women. There was also established a resting house for pilgrims.

She read daily with Jerome and assisted him a great deal with his exigeses, being a complete mistress of Hebrew, not, as she says, for the learning, but "to obtain a fuller knowledge of Christian virtue."

She performed all sorts of menial tasks in the relief of distress, and impoverished herself and her children by charitable donations, leaving them in debt at her demise. To her sister nuns who became ill, and to those sick pilgrims who visited her shelter, she was a gentle and devoted nurse, ministering to them with her own hands. She also allowed leniency of discipline to the sick nuns. Towards herself, however, though not strong, she was most ruthless, wearing coarse clothes, forbearing

the luxury of the bath and doing many penances with tears. When Jerome reproved her weeping, saying that she needed her eyes for study, she answered that the face which had been painted against scriptural word must be washed with many tears.

Through many mortifications debilitating her health, she died at the age of fifty-seven after a severe attack of illness.

She was greatly mourned by the whole Christian community, the "whole church" being gathered together to do her honour at her funeral.

Although we eschew in this enlightened age some of her methods, we must admire her for her power of management, her patience and tact, and her selflessness, but most of all for her adherence to her ideal and her holding to it though it deprived her of all she had formerly held dear. Where we admire, let us follow. Thus will we best help our profession, our community, and through it the world at large, in civilization's upward march to the long-dreamed-of heaven on earth.

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(To be continued.)

## *Provincial Association Series*

### *MANITOBA ASSOCIATION OF GRADUATE NURSES, 1905—1927*

**By C. de N. FRASER**

Prior to the forming of our provincial organization the Winnipeg General Hospital had founded its Nurses' Alumnae Association, in 1904, chiefly by the joint efforts of two of the outstanding leaders and pioneers in our profession in this western province, Mrs. A. W. Moody, who as Miss Elizabeth Holland was lady superintendent of the Winnipeg General Hospital, 1893-1899, and Mrs. E. H. White, who as Miss Ada Newton graduated from the hospital in 1899.

Miss E. Gilroy, a graduate of 1898, was elected the first president of the above association, and has been very active in all nursing affairs in this province since those early days, having twice filled the office of president of the association. Miss Gilroy has also been historian of the association up to the present time.

In 1905 St. Boniface Hospital formed an alumnae group, with Mrs. A. D. McLeod as president.

Besides these two alumnae associations there had been started the Trained Nurses' Association. On July 5th, 1905, a general meeting was called, to be addressed by Miss Lennox, of the Toronto General Hospital, to which all nurses practising in Winnipeg were invited. This meeting was held in the Y.W.C.A. rooms of the Rialto Block, on Main Street, and the outcome of it was the forming of the Manitoba Association of Graduate Nurses, and the election of its officers, as follows:

> President, Miss Reid; First Vice-President, Mrs. E. H. White; Second Vice-President, Miss Davidson; Third Vice-President, Mrs. A. D. McLeod; Secretary, Miss A. M. Crawford (Mrs. Hamilton); Treasurer, Miss A. C. Starr.

The first annual meeting was held in March, 1906. In May of the same year the first draft of the proposed bill for the registration of nurses was drawn up by Mrs. Graham and Miss Crawford, and presented to the meeting. In spite of the zeal and ambition of the founders, little headway was made for long, the meetings being poorly attended and the transaction of business sometimes impossible for lack of even a quorum being present.

Registration of Nurses—In 1909, however, Dr. Helen MacMurchy, who was then editor of "The Canadian Nurse," spent a few days in Winnipeg and kindly consented to address a meeting of nurses in the residence on Langside Street. Her eloquence was so appealing that interest was again revived; enthusiasm was rekindled and in four years, February 15th,

1913, the present act, respecting the Manitoba Association of Graduate Nurses, was placed on the statute books of the province. Manitoba was the first of the provinces to secure registration for its nurses. Miss K. A. Cotter was president of the association at the time, and it has been conceded by all that to her energy and that of the legislative committee under the able leadership of Miss Ida K. Bradshaw (Mrs. D. A. Stewart), is due the praise for accomplishing this task. The other members of the committee were as follows: Miss Frederica Wilson; Miss C. M. Bowman; Miss J. T. Ramsay; Mrs. Willard Hill; Mrs. A. W. Moody; Miss Clara M. Hood; Miss Annie A. Rathbone; Miss E. Beveridge; Miss Bertha Andrews; and Miss E. Birtles. (Miss Birtles was the first nurse to graduate in the western provinces and has devoted her life to her profession.) Among others active were: Misses Gauld, Stensby, Cameron, Hood, McKibbon and Clark.

By this act membership in the association is through registration. In the first instance, those who had been practising the said profession for one year previous to the coming into force of this act, were entitled to be registered upon producing evidence satisfactory to the registrar of the University of Manitoba of their having so practised. Since July 1st, 1916, only those who have successfully passed the examinations set by the university are eligible for membership.

In April, 1914, an effort was begun to raise a sum to endow a Chair of Nursing in the University of Manitoba, but war was declared before plans were formulated.

War Service—The duty and privilege of serving our beloved Empire in her hour of greatest need was our first consideration. A very large proportion of our members volunteered at once for service overseas, following in the footsteps of the founder of our profession and pioneer of army nursing. One of the honoured members of the medical staff, on returning after the war, said in addressing a group of young nurses:

> "The 'lady with a lamp' lived, worked and was loved as truly behind Ypres, Vimy and Amiens, as before Alma, Inkerman and Balaklava."
>
> "On 'Canada's' annals through the long
> Hereafter of her speech and song
> That light its ray shall cast,
> From portals of the past,
> A lady with a lamp shall stand
> In the great history of the land
> A noble type of good,
> Heroic womanhood."

During the war years the association made progress, although conditions were adverse. Funds were devoted to help the Red Cross, the Halifax Relief Fund, and Prisoners of War Fund.

Public Welfare Commission—In October, 1917, the Provincial Government appointed a commission to investigate and report to the Lieutenant-Governor-in-Council on all phases of charitable and welfare work, both public and private, within the province. We were honoured in that one of our members served with distinction on the commission for three years. We refer to Miss Ethel I. Johns, one of our leaders in the profession in Canada and a graduate of the Winnipeg General Hospital, who has held many important posts in Manitoba and British Columbia, and who for two years has been working for the Rockefeller Foundation investigating nursing conditions in Europe, with headquarters in Paris.

In November, 1917, at the regular monthly meeting, attention was drawn to the day of public hearing of the commission, when institutions and organizations were invited to bring in resolutions to further the interests of any institution or organization in its ministry of service to the public.

The following resolution was framed and presented by a delegation from our association, and was accorded a very sympathetic hearing:

> "Resolved—that the M.A.G.N. respectfully direct the attention of the Provincial Government of Manitoba to the conditions which exist regarding the

establishment, maintenance and direction of training schools for nurses in connection with the hospitals throughout the province.

"These institutions, offering education to women in one of the most vital and difficult of arts, are today totally unsupervised. They are under no obligation to maintain proper educational standards, nor to provide suitable teaching material or personnel. The directorates of many of our hospitals endeavour to maintain good standards, but the nurses of Manitoba feel that the proper instruction of nurses is of such vital importance to the community that nursing education should be recognized, supervised and controlled by the Provincial Government, through and by the University of Manitoba, under which body the 'Nurses' Registration Act' is at present administered."

AUXILIARY NURSING FORCE—Owing to the absence of so many nurses overseas, the question of establishing an auxiliary force of trained attendants was discussed at the annual meeting of the National Association, and an expression of opinion from Manitoba was requested.

This association went on record as heartily approving the proposal, providing the said attendants were licensed and the public safeguarded.

REGISTRATION THROUGH RECIPROCITY—In 1918 the constitution and by-laws were revised. During that year there was discussion of the interpretation of By-Law 7, paragraph 2. We conferred with the registrar of the university. The matter was laid before the board of studies, who considered it was not within their province to deal with registration of applicants outside of Manitoba, as no provision had been made in the act.

This ruling of the university made it imperative that we should amend the act before further applications for registration were received from those registered elsewhere. The amendment to this clause respecting registration through reciprocity, obtained early in 1919, greatly facilitated the work of the board of managers.

HIGHER EDUCATION—In December, 1919, a conference was held with regard to the higher education of nurses, and the following resolution was framed and duly forwarded to the board of governors of the university:

"Whereas the profession of nursing exists primarily for the welfare of the public, and

Whereas the problems of the training of nurses are problems of education—

(a) Whether there should be more than one grade of nurses;

(b) What the preliminary training should be;

(c) What the course of study should be;

(d) Whether there should be compulsory registration with a view to the protection of the public, and

Whereas the university is the highest authority on education in the province;

Therefore be it resolved that the Manitoba Association of Graduate Nurses do now ask the Board of Governors of the University of Manitoba to lend its assistance in solving this educational problem, by whatever means in their good judgment are available."

ANNUAL MEETING OF THE M.A.G.N.—In 1920, for the first time in our history, the annual meeting was held outside Winnipeg. The invitation of Brandon was accepted, and by all who had the privilege of attending it was conceded to be the most successful that had yet been held up to that time.

As an outcome of the report presented by the Provincial Board of Health the following resolution was forwarded to the chairman of the council of the rural municipalities:

"Whereas the mortality among mothers in childbirth is alarming, and

Whereas the mortality of children from neglect and preventable causes is to be greatly deplored;

Therefore be it resolved that the M.A.G.N. in annual meeting in the City of Brandon, on January 25th, 1920, respectfully direct the attention of the council of the rural municipalities to the urgent need for medical and nursing services in the rural districts of this province. We do now express the desire and willingness of this association to co-operate in the organization of such a force as will alleviate conditions as speedily as possible."

Resolutions were also forwarded to the Red Cross Society re enrolment for emergency service, and re their establishing university courses and scholarships for the encouragement of nursing in the province.

A system of rural public health nursing was soon established on approved lines.

CENTRAL DIRECTORY—During 1921 a Central Directory for Nurses was formed and established at the nurses' residence on Wolseley Avenue. This made a further revision of the constitution and by-laws necessary, and was in accord with progress in all the larger centres.

STANDARD REQUIRED—In 1923 the status of nursing education was raised by the passing of an amendment to the act, whereby a minimum standard of education for applicants to our training schools was made that of one year high school or its equivalent.

Also hospitals maintaining a school of nurses of not more than twenty beds, were to be required to send their pupils to a larger hospital for a portion of their training.

MEMORIAL COMMITTEE—The Provincial Committee for the National Memorial accomplished its work in 1923, and Mrs. Bruce Hill, its able convener, was asked to act in a similar capacity for the raising of a Privincial Nurses' Memorial Fund.

MEMORIAL COMMITTEE'S REPORT—What was first started as an Endowed Bed Fund was, by an unanimous vote, changed both in purpose and name to the Provincial Nurses' Sick Benefit Memorial Fund. A $10,000 endowment bond was taken with a large Canadian insurance company, for a period of twenty years, provision being made, in case of emergency, for the intervening years.

INCREASE OF MEMBERSHIP—In 1925 the average number of nurses to obtain registration was nearly doubled, mounting to one hundred and eighty-six.

The large increase of membership was thought to be due to the growing sense that registration is necessary to the graduate nurse, and compulsory to all who enroll, and also due to the co-operation of the organizations employing only nurses thus registered.

ORGANIZATIONS ASSISTED—The association has contributed for some years to the support of a native nurse in India. also to the assistance of work amongst new Canadians in Winnipeg and to giving of Christmas cheer.

Donations have also been made to the Red Cross Society and the Provincial Temperance Campaign Fund in the past few years.

QUARTERLY AND ANNUAL MEETINGS—The meetings of the association have taken place for the last three years quarterly instead of monthly. Two of these meetings were held at Ninette Sanatarium by invitation of Dr. D. A. Stewart, and the hospitality extended by Dr. Stewart himself, and Miss Houston and her staff, will be long remembered by those present on those occasions.

At the annual meeting in 1926 we had the privilege of having Miss Gladwin, a leader in nursing affairs across the border, address our convention.

A paragraph from the president's (Miss Elizabeth Russell's) address on that occasion may here be quoted:

> "Our only method of maintaining contact with each other as a professional group is by our alumnae, provincial and national meetings. In unity lies strength, and this association exists to help make the nurses' contribution to the world's work, both individually and as a group, of as high an order as possible.
>
> "No chain is stronger than its weakest link, and as individuals it is incumbent upon us to demonstrate our interest in our association, by our attendance at meetings, by freely entering into discussions, and by our willingness to serve for the common good. As a group we are concerned about our profession, its progress and standards.
>
> "The nurse by her training and experience can and must prove a strong social force that shall stand behind every movement, local or national, that has as its aim service to humanity.

The following are the past presidents of the Manitoba Association since its inception:

| | |
|---|---|
| Miss Reid | 1905-06 |
| Miss S. McKibbon | 1906-08 |
| Mrs. Bruce Hill | 1908-09 |
| Mrs. Hugh MacKay | 1909-10 |
| Miss Johns | 1910-11 |
| Miss Cotter | 1911-14 |
| Mrs. A. W. Moody | 1914-15 |
| Mrs. Willard Hill | 1915-16 |
| Miss E. Gilroy | 1916-18 |
| Miss Gauld | 1918-19 |
| Miss Eliz. Carruthers | 1919-21 |
| Miss Mary Martin | 1921-23 |
| Miss Elsie Wilson | 1923-25 |
| Miss Eliz. Russell | 1925-27 |
| Miss E. Gilroy | 1927-28 |

NATIONAL MEMORIAL — In 1926, when the Nurses' National Memorial was unveiled in the Hall of Fame of the Peace Tower, forming the centre of the Federal Buildings at Ottawa, on August 24th, many Manitoba nurses were present to do honour to those of its own seven nursing sisters, and those of their sister provinces who had paid the supreme sacrifice during the Great War.

NATIONAL ASSOCIATION—We recall that in June, 1916, the Canadian National Association of Trained Nurses and the Canadian Society of Superintendents of Training Schools for Nurses held their joint conventions for the first time in Winnipeg. It was at this, the fifth general meeting, that the national organization decided to purchase and continue the publication of "The Canadian Nurse." This magazine which had first been launched in 1905 as the Alumnae Journal of the Toronto General Hospital, had become the official organ of the Graduate Nurses' Association of Ontario in 1907, the same year that the Winnipeg General Hospital Nurses' Alumnae Association issued their Alumnae Journal under the able management of Miss Johns as editor and Miss Isabel Stewart (now Professor of Nursing, Teachers College, Columbia University) as its business manager.

In February, 1923, the national association established its headquarters in Winnipeg, and since September, 1924, "The Canadian Nurse" has been published in our midst. The national office is located at 511 Boyd Building.

The national organization is to meet in Winnipeg for the second time, to hold its fourteenth general meeting, in July of the present year. Owing to the much lamented death of Miss F. M. Shaw, president, it devolves on Miss M. F. Gray, former lady superintendent of the Winnipeg General Hospital, as acting president to take over the duties as such on this occasion, and to her and members of the executive committee, the nurses of Manitoba will bring their best efforts to make the coming meeting one to be remembered in the history of the Canadian Nurses' Association, which celebrates its twentieth anniversary this year.

INTERNATIONAL COUNCIL OF NURSES—We shall all look forward to meeting in Montreal next year, for the gathering of what may be called the "League of Nations" of the nursing world.

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## Canadian Nurses Association

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# BIENNIAL MEETING

## July 3, 4, 5, 6, 7

## 1928

**Winnipeg, Manitoba**

**BARONESS MANNERHEIM**

President, International Council of Nurses, 1922-1925

## *Baroness Mannerheim*

The news of the death of Baroness Sophie Mannerheim, will come as a great shock to all Canadian nurses interested in international nursing affairs, but more particularly to those nurses who had the pleasure of meeting her at the Congress of the International Council of Nurses held in Helsingfors, Finland, in the summer of 1925. Quoting from the I.C.N. of April, 1926:

Baroness Mannerheim was born and brought up in one of the most prominent families in Finland. She began her professional life in the Nightingale School, St. Thomas' Hospital, London, where she fininshed her course of training in 1902. In 1904 the Baroness was appointed matron of the Helsingfors Surgical Hospital, at the same time being entrusted with the post of director of the school of nursing of the "University Clinics," a group of six institutions, of which the Surgical Hospital is one. In 1905 she was elected president of the Nurses' Association of Finland.

The Baroness has had a tremendous influence on the progress of nursing in Finland during her years of office in these positions. She has been the moving force in getting the one-year course of training altered to a three-year course, with regular periods of training in each service; in introducing a preliminary course; in arranging for probationers to live in the nurses' home; and, together with able helpers, in the issuing of text books and the use of modern records. Under her presidency the association has developed along modern lines. It started its monthly magazine, Epione, in 1908, and has a fund for helping nurses, recreation and old age homes.

The Baroness, however, has not limited her interest to her native country. She has taken a very active part in the work of the Nurses' Union of the northern countries of Europe, and has attended most of the congresses and business meetings held by the International Council of Nurses since its congress in Paris (1907). At the meeting in Copenhagen, in 1922, she was elected president for the following triennial period, and in 1925, at Helsingfors, was made honorary president of the council.

The Baroness' experience has also been invaluable to the Nursing Division of the League of Red Cross Societies, of whose advisory board she has been chairman since its inauguration a few years ago.

# Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

## *X-Ray and the Nurse*

By A. STANLEY KIRKLAND, M.D., Roentgenologist, General Public Hospital, Saint John, N.B.

Before I am corrected for the unchivalrous beginning, may I state that x-ray appears first in the title due to its permanent place in the hospital, whereas the nurse is a bird of passage, here for three years and then divorced from her hospital save as she visits it on private duty. This explanation does not take into account the small percentage of hospital executives and floor nurses who remain with the institution.

The x-ray department should do much for the nurse, but it is my opinion that the nurse has no place in the department of roentgenology, for I have not found that nurses make satisfactory x-ray technicians. Perhaps the routine is too exacting. Possibly the contact with the patient is too feeling. Maybe the nurse's previous training makes the mechanical precision of x-ray technique too tedious and cramping; or perhaps she resents the necessity for further instruction or study needful to make her proficient. At any rate, a technician properly trained in x-ray, alone surpasses in usefulness any nurse subsequently adapted to x-ray.

Roentgenology is an inquisitive science, and the nurse in our hospital first comes in contact with the x-ray through a form of inquisition. It has been the custom in the Saint John General Public Hospital for years to submit each probationer to an exacting physical examination at entrance. Conducted by a senior internist, this examination has been very useful, but various conditions occasionally become evident in the first year of training, and sometimes at a later date, which were undoubtedly missed at the preliminary survey. These subsequent manifestations of old illnesses made it seem advisable to add an x-ray examination to the previously established clinical investigation.

As a beginning the chest of each candidate for training is carefully fluoroscoped, at which time we quite commonly record the presence of evidence indicating the remains of old pleural thickening, adhesions to the diaphragm, enlargement of bronchial glands, enlargement of the heart, or myocarditis. One thing that we particularly look for is scoliosis. This is a defect which, found in a young applicant, and most of them are young, is a very real reason for refusing to allow her to attempt the really hard physical labour involved in any nursing course. When the fluoroscopic record is completed, stereoscopic chest films are made and examined for evidence of parenchymatous disease. Tuberculosis is the condition chiefly looked for and it may appear as an old healed lesion in the hilus or in the upper third of either lung, in which careful record of the present condition is noted, as an addition to the individual's dossier and as a protection to the institution. Again, the appearance may be that of a more active type. In the case of an old lesion, I do not think that the training course is contra-indicated if the general condition is good and the clinical signs of activity are absent, but if there is any possibility of activity the decision is easily made—training is inadvisable. When tuberculosis is not found, there are still several lung conditions which may confront us. The lung fields may show a variety of markings, varying from increased hilus shadows and in-

creased densities in the paravertebral trunks to definite x-ray pictures of bronchiectasis. The slighter findings should point the way to an early examination of the nose, throat and mouth by an expert. When trouble is found in the tonsils, nares or accessory sinuses of the skull, by removal of this focus it frequently happens that the chest condition will look after itself. Bronchiectasis is, of course, sufficient to cause the rejection of the candidate. This condition, it must be remembered, is being proved more and more a disease of youth.

Thus far the x-ray examination is routine, but the clinician in his survey has scouted out other areas of which he is suspicious. One nurse is referred for x-ray examination of her teeth, and if diseased roots are found her dentist removes the offending teeth; or another girl's voice and cough suggest an x-ray examination of the nasal sinuses. More rarely a history of gastro-intestinal disturbances, with suitable x-ray study, will reveal disease of the appendix or gall bladder. We have found that by cross checking the x-ray findings and the clinical report that our percentages of error and omission in diagnosis have been appreciably lowered.

Any and all of these conditions should be cleaned up before the probationer is accepted for training, for two reasons at least: firstly, because it is impossible for a student nurse to properly do her work with the handicaps of disease; and, secondly, because if the condition is missed or not corrected it will most likely crop up in her intermediate or senior year, when an enforced lay-up and holiday will be more costly to the institution and may more or less seriously inconvenience the schedule of nursing services. Also lost time in the senior years may conceivably be costly to the student herself as compared to the period before her studies are assumed.

Seriously, I feel that any institution would be justified in insisting that this preparatory repair work be a charge on the student and her family, because without it she is not in the highest degree acceptable as a novice nurse.

During her training years, when she conducts patients to the x-ray department, the nurse should learn much by observation of their examination or treatment. This is particularly true when fluoroscopic examinations are indicated. I know of no easier or more convincing demonstration of the mechanics of chest physiology than is obtainable by watching the movements of the bony cage of the thorax and the diaphragm on the fluoroscopic screen. The size, shape and movements of the heart; the shape, position, mobility, and peristalsis of the various sections of the gastro-intestinal tract may be demonstrated easily if the radiographer but take the time; and if the nurse shows a slight interest he will be glad to spend the time necessary.

It has been a hobby of mine to attempt to convince the members of each succeeding class of students that the high enema, so called, is a myth. By that I mean that the passage of an enema tube a distance of one or two inches beyond the sphincter is all that is necessary to provide a satisfactory instillation of fluid into the upper reaches of the colon. I have never seen the tip of an enema tube passed above the brim of the true pelvis but I have seen a foot or so of tube coiled or kinked in the rectum. Proper posturing of the patient, with patience and gravity, plus a two-inch insertion of the tube, will allow an enema to flow to the caecum in a non-obstructed bowel.

The nurse is an evangelist and frequently an apologist of ethical medicine to the lay public. As such, her instruction should be as accurate as possible as to the possibilities and limitations of each branch of medicine with which she comes in contact. I make an effort to point out the types of disease in which the x-ray may give information or aid in diagnosis. Also I try to teach the student nurse

the major diseases which may be successfully treated by x-ray therapy, for I know by long association with nurses that their friends, patients and acquaintances, not occasionally but frequently, ask them: "Is the x-ray good for tuberculosis?" "Will the x-ray cure the ulcers in my stomach?" and so on. Questions sometimes ridiculous to us but very important to the ill-informed seeker after relief. I hope and believe that a well-trained nurse will be able to give intelligent and satisfactory answers to such lay questions and so help to maintain and enhance the respect due the profession of healing which nurse and physician share.

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Mental hygiene work in Toronto is enlisting the help of nurses in many interesting ways. The list of those associated with special activities in that field is steadily growing.

All the public health nurses of the Department of Public Health are realizing that an understanding of mental hygiene is essential to the development of their general work in the homes, the schools and the clinics. The Rockefeller Foundation has granted two fellowships to nurses of that department in order to increase the value of the whole organization to the students of the University Department of Public Health Nursing. Miss Josephine Kilburn has completed a six months' study of mental hygiene case work under the direction of Dr. Esther L. Richards in Baltimore. Miss Emma deV. Clarke has been granted a year of study which will be arranged by Miss Mary Beard, assistant director, Division of Medical Education, Rockefeller Foundation.

Miss Emma deV. Clarke has supervised the mental hygiene nursing service of the Department of Public Health since September, 1919, and has contributed largely to the development of the auxiliary classes in the public schools. Her many nurse friends expressed their pleasure in this fellowship award by a series of friendly parties. The auxiliary class teachers arranged a delightful afternoon tea in her honour.

Miss Clarke expects to rejoin the department on her return in January, 1929, and will continue her efforts for the development of public health nursing and mental hygiene. She will work under the direction of the psychiatrist of the Department of Public Health.

Full time service in Toronto:

Miss Marjorie Keys, secretary, Canadian National Committee for Mental Hygiene.
Miss Agnes Law, social investigator, Juvenile Court, Toronto.
Miss Josephine Kilburn, psychiatric child worker, Mental Hygiene Division, Department of Public Health, Toronto.
Miss Bessie Hutchison, Mental Hygiene Division, Department of Public Health, Toronto.
Miss Gladys Bastedo, psychiatric social worker, Division of Research, Canadian National Committee for Mental Hygiene.
Mrs. Wiltshere, nurse in charge, Out-Patient Department, Psychiatric Hospital, Toronto.

Part time service:

Miss Catherine Sparrow, school service at the Nursery School, public health nurse, Department of Public Health.
Miss Eva Dunn, school service at Junior Vocational School, public health nurse, Department of Public Health.
Miss Joyce Davidson, school service at Edith L. Groves School, public health nurse, Department of Public Health.
Miss Lillian Dowdell, school service at Regal Road School, public health nurse, Department of Public Health.
Miss Edna Fraser, Hospital Social Service, Neurological Clinic, Toronto Western Hospital, public health nurse.
Miss Gretta Ross, Hospital Social Service, Neurological Clinic, Hospital for Sick Children, public health nurse.
Miss Marie Quigley, Hospital Social Service, Neurological Clinic, St. Michael's Hospital, public health nurse.

# *Report of Conference on University Courses in Nursing*

A conference of nursing schools connected with colleges and universities was held at Teachers' College, Columbia University, New York, from January 21st to January 25th.

The object of the conference was to discuss informally, but critically, the existing courses and curricula.

The opening sessions included a summary of the Relations of Nursing Education to Universities, by Miss Adelaide Nutting, professor emeritus of nursing education, Teachers' College, and the Relation of Nursing Education to Medical Education, to Medical Schools, Hospitals, and to Current Education Movements, presented by the Deans of Yale, Columbia and Vanderbilt universities.

Miss Nutting was the chairman for the morning session and Miss Annie Goodrich, Dean of Yale University School of Nursing, presided in the afternoon. The subsequent sessions took the form of group conferences or round tables and as a result of the free and informal discussion which took place on every aspect of university courses in nursing, a great deal of valuable information was brought out that was helpful to those who are responsible for existing courses or interested in establishing such courses. Some eighteen universities were represented, either by the deans or professors of the school of nursing, or by the superintendent of the hospital school affiliated with the university. Of those present five were from Canadian universities and six from hospitals affiliated or connected with them.

It was interesting to note from the information given how different is the status of these departments of nursing in the different universities, and equally how different the colleges under whose cloak they are housed. The opinion one formed was that where there was a women's college there had been fewer barriers to break down in establishing a nursing course. In a few cases these schools ranked as departments of the university, but in others were branches or departments of existing schools, such as the School of Science, School of Medicine, or College of Education. It was evident that the best results were obtainable when the department of nursing is an independent unit. There seems to be no doubt, however, that in the majority of cases these departments of nursing have developed their courses by utilizing existing facilities within the university, rather than planning the nursing course independently. This, in almost every case, was the result of financial handicap. Only one or two universities appear to be in the wholly independent position of mapping out the course in nursing education without taking any other department into consideration. One point that was stressed was that the principal of the school of nursing (or superintendent of nurses), where the field or laboratory work in practical nursing is given, should be a member of the faculty of the department of nursing education, otherwise she becomes too impersonal and incidental.

Among the more important topics under discussion were:—

(a) Administration of University Nursing Schools.

(b) Cost of Professional Education in University Schools of Nursing (cost to school and student).

(c) The Curriculum of the School of Nursing connected with an University or College.

(d) Standards of Evaluating the work of an University School of Nursing.

Great emphasis was put on the importance of budgeting the school of nursing, and at this point much information forth came as to the cost of nursing service, both graduate and under-graduate. This opened up the question of ratio of graduate nurses to student nurses, and of nurses to patients. Further discussion as to the number of students per bed capacity followed and in the minds of those present it was evident that the time had come when there should be a limit to the number of student nurses in any one school (according to bed capacity and special departments) to avoid the possibility of unemployment in the profession.

It was interesting and comforting to note that, in the minds of those who are developing these university schools of nursing, the underlying thought is for better bed-side nursing, and better preparation of the under-graduate nurse for this responsibility. This arrests the criticism that is so often made of higher standards of professional education.

Time was also given to the question of the status and duties of the head nurse, supervisor, teaching supervisor, director of nurse education, etc. It was evident that these names, or rather the duties assigned in different institutions to the nurses under these headings, varied widely, but one point was clear, and that was the value and importance of head nurses (or supervisors) forming part of the teaching unit, and development in the curriculum of ward teaching. This undoubtedly applies to all schools of nursing, whether connected with a university or not. The best type of post-graduate preparation for head nurses was also con-

sidered, and whether or not head nurses in university schools of nursing should necessarily be university graduates.

Although no definite policy was formulated at the conference the discussions were so illuminating and of such vital interest to those present that it was decided to have similar meetings at future dates in other university centres. The details were left to an arrangement committee.

As university courses in the various branches of nursing are comparatively young there should be fewer traditional barriers to break down than has been the case in the history of hospital schools. Therefore one realizes the wisdom in planning a conference of this type so that these courses will be built on a sound basis and that the curricula will include all essential subjects, none of the non-essential subjects, and that these subjects, whether theoretical or practical, will be presented from the nursing standpoint.—

—Grace M. Fairley.

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## *Junior Red Cross*

Junior Red Cross is a co-operative organization of young people banded together for the promotion of health for themselves and for others, for the promotion of service one for the other, and for the promotion of good citizenship and international friendliness. The secret of the power of this great organization which has now spread round the world, lies in the fact that the young members learn to take responsibility. Remarkable initiative is shown in their activities carried on through their officers and committees, and these activities give the members infinitely more satisfaction than if they were more or less forced on them by the teacher or some other grown up. Thus develops an enthusiasm in the members for carrying out the rules of the health game and the rest of the Junior Red Cross programme.

In order to get Junior Red Cross organized a demand must first be made on the time of the teacher. After the initial steps of explaining the objects of the movement she must show them how to organize and how to conduct meetings, and then Junior Red Cross tends to help out the teachers by promoting self-discipline.

The time for the meetings is left entirely to the teachers. In most schools they are held on Friday afternoon, whether weekly or bi-weekly, and at these meetings the officers of the club take charge. After simple parliamentary procedure the business is conducted and the reports of the committees received. These committees may be on cleanliness, sanitation programme, service activities, or any other useful committee that the group may consider necessary. The programme of the meetings may consist of the reading of a health story by a member, a demonstration by a school nurse, a health play by the pupils, or the regular hygiene lesson by the teacher. The programmes are carefully planned by a convener of a programme committee. At one meeting held recently in a Toronto school, the superintendent of one of the District Health Offices presented the Junior Health League diplomas and pins linking up the two health projects of Junior Health League classes and Junior Red Cross classes : thus they learn co-operation which extends finally to the host of 10,000,000 children who are today working for Junior Red Cross.

# Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

## *Radium*

By ELEANOR PERCIVAL, M.D., Montreal

There is perhaps no chapter in medicine about which so little is understood as the therapeutic use of radium. Nor is there any agent which can produce such changes in tissues as if by magic. Under its sway a rodent ulcer melts with a single application, a leukemic blood picture may be brought to normal if only the spleen be exposed, the menorrhagia so commonly met with at the menopause may be entirely controlled by a treatment but little more exacting than a curettage, and even a large fungating cervical cancer may vanish: so powerful are these invisible rays.

In its pure form radium is an element which was discovered by Professor and Madame Curie in 1898. It is the most wonderful substance known, being valued at over three million dollars an ounce. By weight it is therefore one hundred times more precious than diamonds. Pure radium looks like silver but it is used combined with bromine as a salt, which resembles common salt.

Radium owes its place in medicine to the fact that it possesses greater powers of radio-activity than any other substance known. By that it is meant that radium is constantly giving off rays which show very definite physical properties. First: these rays affect a photographic plate just as x-rays do. Second: they are phosphorescent. Even in a dark room it will be noted that there is very little if any glow from a tube of radium, but if the radium is placed on a screen covered with zinc sulphite a brilliant green glow is evident. If thin pieces of metal are placed between the radium and the screen the glow is still present, showing that these rays can penetrate metal. Third: radium discharges electrified bodies and makes any gas on which it acts a conductor of electricity. Last: radium generates heat just as coal or any other burning substance does. One gram of radium gives off enough heat to raise one gram of water from freezing point to boiling point in 45 minutes. Or a mass of radium gives off a hundred times as much energy as the same weight of coal: and coal once it is burnt is no longer coal, dynamite when exploded is not dynamite, but radium is as active as ever. However, this intense activity of radium does not cause any appreciable loss of weight or power. It is estimated that the number of atoms lost in doing all this work is so small that in over 1,700 years a quantity of radium loses only one-half its value. Hence, radioactive substances are performing the scientifically impossible feat of evolving a store of energy out of nothing.

Prior to 1895 thorium and uranium were the only substances known which were radioactive. When working with these minerals Madame Curie noticed that certain rocks were more radioactive than could be explained by the uranium which they contained. One rock in particular, called pitchblende, which was mined in Austria, was especially radioactive. From this Madame Curie argued correctly that there must be present in these minerals some substance which was more radioactive than uranium. By ordinary processes of chemical analysis the various constituents of pitchblende were isolated. In the substances so isolated, two in particular, the bismuth and the barium, were found to be very radioactive. Since neither bismuth nor barium

(A paper read before a meeting of the A.A. Montreal General Hospital, November, 1927.)

is radioactive, Madame Curie continued the process of chemical analysis until she found two new elements: the one associated with bismuth she called polonium, after her native country, and the other associated with barium she called radium.

For years the pitchblende mined in Austria was the only source of radium. Later small deposits were found in Sweden and Wales. A few years later experiments with other rocks showed that carnotite also yielded radium. This is now found in extensive deposits in Colorado and Utah. The manufacture of radium is a long and tedious process. A slight appreciation of the work done by Madame Curie may be had from the fact that less than one-half a grain of radium was obtained from one ton of pitchblende, or in every 200,000,000 parts of the rock there was one part of radium. In 1920 there were three or four companies in the world producing radium and the largest of these produced only one ounce in an entire year.

Not only does radium itself possess these peculiar properties of radioactivity but it gives off a gas, known as the emanation, which is just as radioactive as radium itself. This gas can be collected and sealed in tiny glass tubes or beads of any length or bore, which is a distinct advantage in treating very small lesions. The emanation, unlike radium, deteriorates rather rapidly, losing one-sixth of its value every 24 hours, independent of whether it is used therapeutically or not. Another distinct advantage of the emanation is that should it be lost when a dressing is being removed, the radium which produces the emanation is still safe: only the day's interest has gone, the principal is intact.

The action of radium on the body was unknown until 1901 when Professor Becquerel carelessly carried a tube of radium in his pocket. Fourteen days later a severe inflammation known as the Becquerel burn developed. Since then active investigation into the action of radium on diseased tissues has been carried on, resulting in the establishment in Paris in 1906 of the Biological Laboratory of Radium and of a similar institution in London in 1909.

In treating any lesion the radium salt or emanation is first enclosed in a metal capsule. This cuts off some of the shorter rays which are ineffective therapeutically and would only cause a superficial burn. By numerous experiments the dose of radium which will cause an erythema of the skin in 10-14 days has been calculated and is known as the erythema skin dose. This dose naturally varies with the distance at which the radium is placed from the skin; for example, if the radium package is placed two inches from the skin it requires four times the dose to produce reddening than it does at a distance of one inch. With this as a basis the dose which will destroy a cancer or a lupus may be determined.

Take for example a rodent ulcer on the cheek: a thin layer of gauze one-eighth of an inch in thickness is first placed over the growth; the tube or tubes of radium are placed on the gauze immediately over the ulcer and are allowed to remain there for a calculated time. The patient will not feel any burning or discomfort nor will there be any change seen when the radium is removed. Ten days later a distinct erythema will occur, the ulcer will become inflamed and may be covered by a purulent exudate. In approximately four weeks the ulcer will begin to dry up; the inflammation subsides gradually; and in six-eight weeks after the initial treatment a normal healthy skin has replaced the ulcer. Should the first treatment be insufficient, a second treatment may be given in six weeks' time.

In the uterus radium brings on the menopause by a double action: first, by producing a sclerosis of the blood vessels of the endometrium and,

secondly, by destroying some of the follicles in the ovary.

The greatest field for radium is probably found in gynaecology. Here there are three main indications—

(1) Carcinoma of the cervix.
(2) Menopause bleeding.
(3) Small fibroids.

Skin conditions such as rodent ulcers, lupus and epitheliomata are also very successfully treated. One may add to these any superficial recurrent malignant nodule, such as secondary skin metastases from carcinoma of the breast, parotid, etc., and primary growths on the lip. When large quantities of radium are available more deeply seated lesions may be treated, as leukemia, Hodgkin's disease, lymphosarcoma, glandular malignancies, etc.

From this cursory review it will be seen that radium is a very powerful therapeutic agent, the therapeutic possibilities of which are still not entirely known. It is not a cure-all for every type of cancer, but in many cases will retard the growth and relieve symptoms and, if the lesion be an early one, a possible cure may be hoped for.

## *Letter to the Editor*

Classmates of Mrs. W. J. Mepham (L. E. Cummins, Royal Jubilee Hospital, Victoria, B.C.) and many other readers will enjoy the following interesting letter, written on November 24th, 1927, to the Editor from Leger des Heils, Pelantoengan, Soekeredjo-Kendal, Java:

"You may wonder at this far-away address, but I have taken up work here in connection with the Salvation Army. . . .

"This is a beautiful country; always summer, at least from a Winnipeg standpoint. The work of nature far exceeds anything I had ever imagined. The palms, foliage, trees, flowers—especially roses—and vegetables are wonderful. Perhaps it may interest you to know that the vegetables used here are the same as you are using in Winnipeg. There is a vast difference in the variety of fruit: bananas, oranges and pineapple are the chief fruits used where we are.

"At the present time I have charge of a little hospital, twenty beds, just outside of the big leper colony here. It is a government institution. I came right in with no language and no one to help me. It is a case of being forced to 'paddle your own canoe!' The chief drawback is, the patients speak Malay and Javanese, the reports and medicines are Dutch, while I speak only English.

"We attend to men, women and children suffering chiefly from that dread disease, syphilis, and the ulcers caused by it are ghastly. They say that about 90 per cent. of the natives are infected. Then, too, there are cardiac cases, accident cases, maternity work, medical cases (including T.B.) and malaria: in fact everything except leprosy.

"The methods under which I work are altogether different to what I was taught in the Jubilee Hospital, Victoria, B.C.; also different to the methods employed in Grace Hospital, Winnipeg, where I was on the staff for over three years. Still, with the experience gained in these places I am able—even with the language—to get along quite nicely.

"One of the chief differences is that there are no pupil nurses; besides myself there is one native man who helps me, but he does not understand English. Another difference is there are no beds to make: there is the bedstead with springs, but in place of a mattress is a straw mat. It almost breaks my heart to see those who are really sick lying on these hard beds, but they are better than the native is used to: which is the floor. There is a little girl here whose lower limbs and back are badly burnt, an accident which is common here for they stand by an open fire and their sarongs catch fire. I feel so sorry for this mite on the hard bed, but there is never a murmur from her. She sure is an example to many patients in Canada.

"In connection with the hospital there is a clinic every morning from six until noon. The native doctor attends four mornings a week for an hour and a half; the rest of the time I have to puzzle things for myself, as to the diagnosing and prescribing, and in the case of some accidents, do the suturing as well. I enjoy this part very much.

"My husband is working amongst the native lepers and is fascinated with the work. That branch of the work is very interesting, but I do not touch it. . . .

"I look for The Canadian Nurse now with more longing and expectation than I did whilst living in Winnipeg. It is one of the many ties I have with the Homeland—Canada."

# News Notes

## CANADIAN NURSES ASSOCIATION

The biennial meeting of the Canadian Nurses Association is to be held in the Fort Garry Hotel, Winnipeg, from July 3rd to 7th inclusive. Federated associations should now be making arrangements to send at least one delegate to this meeting. Of course, the provincial associations will be represented by several delegates. As Winnipeg is midway between the eastern and western coast lines of Canada it should prove to be a convenient point for the nurses of Canada to gather.

The programme committee is busily engaged in completing arrangements for an interesting programme, while plans are well-advanced by the committee on arrangements to make this general meeting successful in every way. A list of hotels, with rates, will be published in the April number of The Canadian Nurse.

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Annual meeting of the Graduate Nurses Association of British Columbia, April 9th and 10th, Vancouver.

Annual meeting of the Saskatchewan Registered Nurses Association, April 11th, 12th, 13th, in Moose Jaw.

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## ALBERTA

**Edmonton:** The reports of the annual business meeting of the Edmonton Graduate Nurses Association, held in January, show a successful and profitable year. The officers elected were: President, Miss B. Emerson; first vice-president, Miss Welsh; second vice-president, Mrs. Manson; secretary, Miss M. Baird; treasurer, Miss Christenson; corresponding secretary, Miss J. M. Chinneck. A hearty vote of thanks was given to the retiring officers.

Miss E. Clark, supervisor of Provincial Public Health Nurses, has returned from a pleasant holiday at the coast.

Miss Fenwick, superintendent of the University Hospital, has returned from a short stay in New York.

Miss Peters (Montreal General Hospital) has accepted the position of assistant superintendent of the University Hospital.

Misses L. Bradley and Litser, 1927, have accepted positions on the staff of the Hanna Municipal Hospital and the R.N.B. Hospital, Vegreville, respectively.

**Medicine Hat:** On Feburary 6th the annual meeting of the Medicine Hat Graduate Nurses Association was held in the Nurses' Home of the General Hospital. The meeting was well attended and the year's report showed a donation of chairs to the class room of the nurses in hospital, $10 to the Children's Shelter, $25 to the Hospital Aid Society, £1 to Dame Maud McCarthy for the Queen Elizabeth Visible Memorial, a wreath for the Soldiers' Memorial on November 11th. The Association also took part in the July 1st celebrations. After the presentation of reports officers were elected for 1928.

Mrs. Howard Dixon has just returned from a pleasant visit to Sherbrooke, P.Q. While in Montreal Mrs. Dixon was the guest of honour at a bridge given by Miss Frances Reed at the Nurses' Residence, Montreal General Hospital.

Mrs. Frederick Gershaw is in Ottawa with Dr. Gershaw while the House is in session.

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## BRITISH COLUMBIA

**Graduate Nurses Association of British Columbia:** Miss K. W. Ellis, president, occupied the chair at the January meeting of the Association, held in the Royal Columbian Hospital, New Westminster. The council reported that Mrs. E. D. Calhoun, who has left the city, had resigned as secretary, the position being filled temporarily by Miss E. Breeze, and that the vacancy on the council created by Mrs. Calhoun's resignation had been filled by Miss Laura Timmins. At the meeting of the Nursing Education Committee reports were presented by special committees at work preparing outlines of subjects included in the nursing curriculum and new type examination questions in the various subjects. A resolution was passed requesting the Nurses' Council to have mimeographed and thus available for all the nursing schools copies of the outline the History of Nursing and Nursing Ethics. The committees at work on objective examinations in Anatomy and Physiology and Materia Medica were asked to send copies to all the nursing schools and to obtain reports on these, and to report again at the next meeting of the committee.

The question of the evaluation of the educational standing of applicants who have not successfully completed two years of high school work in the high schools of the province again came up for discussion as unexpected difficulties had arisen in connection with the plan adopted at the last quarterly meeting of the Association. While the schools report few such applicants yet it seemed well to make provision for the consideration of exceptional cases. A resolution was passed asking the Nurses' Council to request the Department of Education to under-

take to evaluate the credentials of candidates of doubtful educational standing.

The Public Health Committee reported that the sub-committee in charge of the preparation of a permanent exhibit of photographs and records expected to have the exhibit in readiness for the annual meeting in April. Much work had been done by the Library Committee. The Supper Committee reported that arrangements were being made for another "Get Together" supper to be held in February.

The Private Duty Committee (Miss Turnbull, convener) reported that the committee had appointed Miss Gunn as its representative on the central directory of Vancouver Graduate Nurses Association. This group had also discussed the scarcity of articles from the West in The Canadian Nurse and had appointed Miss Brodie, of New Westminster, and Miss Howie, of Vancouver, to obtain news and articles for publication.

Following the business meeting Dr. W. A. Robertson, of New Westminster, gave a talk on Building of Personality, and refreshments were served by the Royal Columbian Hospital. Members attending the committee and section meetings in the afternoon were entertained at tea by the hospital, and Miss Stewart, superintendent of the institution, entertained the council at dinner.

**St. Eugene Hospital, Cranbrook:** The formal opening of the new home for nurses took place on January 25th. The ceremony of the blessing of the home opened with a solemn high mass, the assembly hall being converted into a temporary chapel for the occasion. At the conclusion of the mass the Rev. Father Elman in a few well-chosen words presented a picture of "the ideal nurse" and pointed out the influence of the home environment in the process of her development. This was followed by the procession of the clergy through the house and the aspersion of the rooms. The Ladies' Hospital Aid held a reception and served tea in the assembly hall. The house was open to visitors and many came to offer their congratulations to the sisters.

The new home is a very modern building of three stories, well lighted and ventilated throughout. The first floor is entirely given over to parlour, living room, class and demonstration rooms, offices of the directress, and kitchenette. The library and office of the instructor are on the second floor, and the remainder of the building is taken up with bedrooms, baths, lavatories, sewing room, trunk room and laundry. Each student is provided with a private room which, judging from the generosity of friends so far, it is safe to say will be attractively furnished.

Sister John Gabriel, B.A., R.N., education director for the Schools of Nursing for the Sisters of Charity of Providence in the Northwest, recently paid her annual visit and gave her regular course of lectures on Diets in Disease and Psychology for Nurses.

The graduates of St. Eugene School of Nursing, under the guidance of Sister John Gabriel, have recently organized themselves into a body to be known as St. Eugene Alumnae Association. The following nurses were elected to office: President, Mrs. Ashton Powers; vice-president, Mrs. Fred. Hunter; secretary, Mrs. O. N. Jacobson; councillors, Mesdames Charles McDonald and Ross Passeuzzo. The first general meeting will be held on the last Monday in May.

Miss Frances Chelmick, 1925, left recently for St. Mary's Hospital, Rochester, Minn., where she will engage in special duty.

Miss Laina Hendrickson, 1927, has accepted a position on general duty at the Mater Misericordia Hospital, Rossland.

**New Westminster:** Miss Letitia McNair has resigned from the New Westminster Branch of the V.O.N.

**Vancouver:** Miss E. D. Calhoun, formerly district superintendent of the Vancouver Branch of the Victorian Order of Nurses, has left for California.

Miss H. G. Munslow, assistant superintendent of the Vancouver Branch of the V.O.N., resigned to be married. The wedding took place in January.

Mrs. Grindon, formerly of the Burnaby Branch of the V.O.N., has accepted a position with the Provincial Department of Health.

**Vancouver General Hospital:** The annual meeting of the Alumnae was held in the New Home, General Hospital, on January 3rd. Miss Granger presided.

Much business and many new ideas were discussed for the further development of the Association.

Business and sewing meetings will be held alternately, at which short programmes of interest will be given. The hostesses for the meetings: the graduates of different years. Layettes for the Social Service Department, General Hospital, will be continued at the sewing meetings.

The evening of January 24th, a delightful re-union banquet was held in the ballroom of the Hotel Georgia. Graduates from 1901 attending. Numbers of nurses renewed acquaintanceship again after many years. The speaker of the evening was Dr. Burnett, a member of the General Hospital staff. Dr. Burnett is an old friend of the nurses, and gave a splendid talk on the value of an active Alumnae to the hospital and wider nursing organizations. Mrs. Carder expressed greetings to the Alumnae. The singing of old

Alumnae songs, composed in training days, added greatly to the zest of the evening. Those present, other than Alumnae members, were Miss K. W. Ellis, superintendent of nurses; Miss Helen Randal, registrar; Miss Mabel Gray, assistant professor of nursing at the University of British Columbia, and Miss O'Connor, one of the graduates of 1901.

The February meeting of the Alumnae was the first sewing meeting of the Association held in the Nurses' Home, the class of '27 and '26 acting as hostesses. A splendid programme was given and a number of garments added to the growing collection of layettes.

The following new members were enrolled: Misses Rae, Laird, Thompson, Bigelow, Bealby, all of the staff of the Vancouver General Hospital, Miss Jenkins, public health student, University of British Columbia, and Miss Stoddart, public health nurse with the Victorian Order of Nurses.

A short meeting of the executive was held previous to the sewing meeting.

**Vancouver Graduate Nurses Association:** The monthly meeting of the Association was held in the New Home, General Hospital, on February 8th, Miss Ewart (president) in the chair. There was not much business. The reports of the various committees were read and adopted. The Programme Committee suggested that a picnic be held in June, which idea was warmly supported; the place where it should be held to be decided at a later meeting. The matter of the Allison Cummings Memorial was postponed until the March meeting, when it will be decided what form it will take. A letter was read from Dr. F. Bell, general superintendent, kindly inviting the members to attend the annual meeting of the Board of Directors of the hospital. Business concluded, everyone adjourned to the board meeting, after which refreshments were served.

**St. Paul's Hospital:** Miss M. Rogerson has been appointed assistant superintendent of nurses, assisting Sister Mary Alphonsus.

A new admitting office has recently been opened, Sister Mary Josephine being in charge, with Miss Kathleen Flahiff as assistant.

Friends of the following nurses will be pleased to hear of their convalescence after their serious illnesses: Misses Elwas, Stevens, M. Hamilton, Eva Evans and K. Millar.

Misses K. Stick, Gwen Oddstead, K. Mcginnis and S. Fortier, have left for St. Mary's Hospital, Mayo's Institute, Rochester, Minn. Misses K. Flahiff, M. Stewart and M. Phillips have recently returned from that hospital.

Misses H. and J. Biggam have left for California.

**Victoria:** Miss Margaret A. Kinney, for the past two and one-half years matron of St. George's Hospital, Alert Bay, B.C., is now doing special nursing in Victoria.

**St. Joseph's Hospital, Victoria:** Miss Mabel Ringshaw, 1926, has left for Santa Barbara, California, where she will be on staff duty for the next few months.

## MANITOBA

**Winnipeg General Hospital:** Mrs. Pepper (Jameson, 1913), of Fort Qu' Appelle, has been visiting friends in the city.

Miss Jean Houston, 1915, of Ninette Sanatorium, was in the city for the annual meeting of the Manitoba Association of Graduate Nurses.

Mrs. S. J. Pierce, 1906, was a Brandon delegate at the annual meeting of the M.A.G.N.

Sympathy from the Alumnae is extended to Miss K. Cotter, 1905, in her recent accident.

Mrs. G. O. Fahrni (Paton, 1912) is spending the winter months in Honolulu.

Miss Gwen. Udall, 1927, has accepted a position in the hospital at Hearst, Ont.

Sympathy is extended to Dr. and Mrs. Bawden (M. Irving, 1907), of Moose Jaw, Sask., on the death of their eldest son, George, on January 25th, after an illness of a few days.

Miss Edith A. Money, 1924, has been appointed to the position of office executive of the new Metropolitan General Hospital, Windsor, Ont.

**St. Boniface Hospital:** Miss Ethel Rayne, 1924, who has been doing staff work in the Receiving Hospital, Detroit, Mich., has returned to Winnipeg and is now on duty at the Misericordia Hospital.

Mrs. Racine, 1922, who was operated on recently, is now making progress towards recovery. Mrs. Racine has been on the staff at Glen Lake Sanatorium for the past few years.

Miss Gertrude Billyard has returned from Oakland, California, and is now doing private duty nursing.

**Brandon:** The January meeting of the Brandon Graduate Nurses Association was held at the home of Miss Margaret Gemmell. Mrs. Whetmore gave a most interesting paper on Colonial Architecture. The social meeting for January took the form of a sleigh ride to the home of Mrs. John Gray, a few miles north of the city. The current events for the month were given by Miss R. Dickie, and Miss M. Finlayson gave a humorous reading. A most enjoyable social hour was spent at which refreshments were served by the hostess.

Miss Janet Anderson (Barrie), Miss Ruth Camsfield (Vancouver General Hospital) and Miss Katherine Stewart (Scotland) are taking post graduate work at the Brandon Hospital for Mental Diseases.

Miss Mildred Reid, of the teaching staff of the Winnipeg General Hospital, was a recent week-end visitor at the Brandon Hospital for Mental Diseases.

Miss K. McDiarmid, 1924, has accepted a position on the surgical wards of the B.G.H.

Mrs. S. J. S. Pierce represented the Brandon Graduate Nurses Association at the annual meeting of the Provincial Association held recently in Winnipeg. Miss C. McLeod, superintendent of nurses, B.G.H., also attended the meeting.

Miss A. E. Wells and Miss E. J. Wilson, of the Provincial Board of Health, were visitors in Brandon recently.

## NEW BRUNSWICK

**General Public Hospital, Saint John:** Miss Elsie Shaw has returned to Boston after a short visit at her home here.

Miss Edna Dickson, of the staff of the D.S.C.R. Hospital, is progressing favourably at the General Public Hospital after a recent operation. Miss Cousins, 1925, is also making a good recovery after surgical treatment at the hospital.

Miss Mary Clarke has returned to her home much improved after medical treatment at the St. John County Hospital.

Miss Celia Gleason has been granted three months' leave of absence, and Miss Peters has succeeded her as nurse in charge of the Annex for Contagious Diseases. Miss Martina Wallace, of the staff of the Health Centre, has been granted three months' leave. Miss Margaret Hayes is supplying for her.

The Alumnae of the General Public Hospital held a Bridge on January 30th in the Nurses' Home. Only members were invited and each was asked to bring twenty-five cents and a share of the refreshments, which were served at the close of the evening. Prizes were given and the evening was much enjoyed by all.

Miss Mabel Fillmore has accepted a position with the Saint John Branch of the Victorian Order of Nurses.

## NOVA SCOTIA

Miss Jean MacPherson, a graduate of the Rhode Island Hospital, has been engaged since January 1st as nurse instructor and supervisor in the Yarmouth Hospital.

Miss Maud Adams and Miss Irene Robichaud graduated from the Yarmouth Hospital on January 2nd and 27th, 1928, respectively.

Miss Gertrude Anderson, county health nurse of Yarmouth, has been granted leave of absence for three months. Miss Lydia Clements, of Anna Jacque Hospital, is acting as substitute for the time being.

Miss Mary Hunter, Yarmouth Hospital, 1927, has accepted a position in the Nova Scotia Sanatorium at Kentville. Miss Dallas, of the same class, is spending the winter at her home in Glasgow, Scotland.

Miss Laurie Purves, Somerville Hospital, Somerville, Mass., of Little Bras d'Or, C.B., has accepted the position of night superintendent at the Dawson Memorial Hospital, Bridgewater, N.S.

Miss Dorothy Bambrick, who has been spending her vacation at Yarmouth, has returned to duty in New York.

Miss E. M. Dares, of Peabody, Mass., spent the month of October at Annapolis Royal, visiting her sister.

Mrs. Thomas, resident nurse at Edgehill, has returned from a vacation spent in New York.

Miss Minnie Blackburn, who has been visiting her parents in Halifax, has returned to duty at Brantford, Ont.

Miss Florence C. O'Brien recently completed a post-graduate course at Sloan Hospital, N.Y., and for the present will remain attached to the staff.

Miss Elizabeth Hall, of Halifax, recently received her diploma from the Columbus Hospital Extension Training School, New York. Miss Ruth Cragg, of Halifax, is also a recent graduate of the same school.

Miss Dorothy Anderson, of the Truro Hospital, is on leave of absence at her home in Mulgrave, owing to the illness of her father.

Miss I. Chisholm, of St. Martha's Hospital, is doing private duty nursing at Mulgrave.

Miss Annie McGunnigle is spending the winter at her home in Upper Musquodoboit.

Miss Margaret Merriam has accepted the position on the staff of the Victorian Order of Nurses left vacant by the resignation of Miss M. R. McLean. Miss Merriam will be in charge of the Yarmouth District, with Miss Kathleen Maloney as her assistant.

## ONTARIO

### DISTRICT 1

**London:** At the January meeting of the Hospital Trust of Victoria Hospital, the chairman, Col. William Gartshore, announced his intention of adding two wings to the new residence at a cost of $65,000. This will complete the residence, making a bed capacity of 210. The new wings will have additional sitting rooms and a recreation hall. These additions will make possible the vacating of the old residence, which it is expected will be taken over for hospital purposes.

Col. Gartshore recently made a gift to the same institution of a complete operating suite.

Miss Mildred Chambers, who is leaving Carleton Place to take charge of the London district, V.O.N., was the recipient of a beautiful wrist watch at the annual meeting of the V.O.N. held in Carleton Place recently. Miss Edna Matheson will succeed her at Carleton Place.

**St. Thomas:** The annual meeting of District No. 1, R.N.A.O., was held on January 14th. The morning session was devoted to routine business and election of officers. The papers presented at the afternoon session were at the request of the private duty section and included: Blood Tests (Dr. Harold Buck), Preparation of Diabetic Diets in a Private Home (Miss Helen Field, Dietitian at Memorial Hospital), Tuberculosis and Pneumothorax (Dr. Fallis, Queen Alexandra Sanitarium). Interesting discussion followed all these papers. Miss Hilda Stuart was elected chairman for the coming year and Mrs. Dodds secretary.

## DISTRICT 4

The second annual meeting of the Registered Nurses Association of Ontario, District No. 4, took place in Hamilton, on January 28th.

Dr. J. Austin Huntley gave the invocation and address of welcome.

Following the chairman's address the reports of Miss Eva Moran, secretary-treasurer; Miss Sabine, convener of the Membership Committee; Miss McIntosh, convener of the Finance Committee, and Miss Sutherland, convener of the Programme Committee, were listened to with interest.

Dr. Walter C. Crewson gave a lecture on the Anatomy and Diseases of the Eye, comparing the eye with a camera, and by the use of blackboard and chart made his lecture very interesting and instructive.

The following officers were appointed for the coming year: Mrs. Barlow (Hamilton), chairman; Miss Anne Wright (St. Catharines), vice-chairman; Miss Moran (Hamilton), secretary-treasurer.

A short skit entitled "The Why and the Wherefore" was presented by eight nurses. Two solos sung by Miss Melody were enjoyed by all. A short time was devoted to the payment of renewal and application fees. At six o'clock supper was served through the kindness of the Ladies' Aid of the James St. Baptist Church. After supper the choir of the W. H. Ballard School sang several selections very pleasingly.

An address on "Nursing in China" was given by Mrs. Ratcliffe, who for seventeen years has been nursing in China, and who for the last five years has been superintendent of nurses at Weihiwei, Honan, China. The speaker gave a most enlightening and graphic account of her work, its difficulties and encouragements and emphasized the great need of trained nurses in that vast country.

It was regretted that, because of the discontinuance of the bus service from St. Catharines and Niagara Falls owing to a blizzard, several nurses from that district were unable to attend the meeting.

**St. Catharines:** Miss Esther Hanna (Mack Training School, 1927) has accepted the position of night supervisor of the General Hospital, her duties to commence on March 1st.

**Welland:** The annual dance of the graduate nurses was given at the Merritt Inn on January 27th, and proved to be a very successful event. The hall was tastefully decorated and the music supplied by Colton's Orchestra. The proceeds are to go to furnish a ward in the new wing of the Welland County General Hospital.

## DISTRICT 5

### Toronto

**Toronto Western Hospital:** The Alumnae Association held a very delightful dance in the Crystal Ballroom of the King Edward Hotel on January 27th. The guests were received by Mrs. G. Howard Ferguson, wife of the Premier of Ontario; Mrs. W. H. Price, wife of the Attorney-General; Mrs. Galbraith, wife of the superintendent of the hospital; Miss Ellis, superintendent of nurses, and Miss Wiggins, president of the Alumnae Association. The dance was one of the happiest events ever given by the nurses alumnae.

Miss Gwyneth Davis, of the Toronto staff of the Victorian Order of Nurses, has resigned to be married.

**Hospital for Sick Children:** The Alumnae of the hospital held a most successful Theatre Night on January 16th, the play given being "Scaramouche," with Sir John Martin Harvey in the leading role. The Royal Alexandra was packed, and very great credit is due to the untiring work of the president, Mrs. Langford; Miss Gene Clarke, who handled the tickets; Miss Hazel Hughes, convener of the programmes, and the other members of the executive, all of whom gave of their time and energy unstintedly. The result was most successful, between fifteen and sixteen hundred dollars being added to the Alumnae treasury for their year's work. In a very delightful curtain speech at the close of the play, Sir John spoke sympathetically of the worthy cause and of his pleasure in playing to such a splendid first-night audience, which he hinted, was more due, he suspected, to the cause than to the excellence of his players.

The Association is sponsoring a very interesting set of lectures, to be given in

March in the lecture room of the hospital: Deficiency Diseases of Children (Drs. Tisdail and Hart), Heart Diseases (Dr. Dickson), Skin (Dr. B. Hanna), Sero-Therapy (Dr. S. Wishart), Continuous Intravenous (Dr. Harrison). This course is similar to the one given in 1926 and it is expected will be as largely attended.

**Wellesley Hospital:** Miss Helen Carruthers has been appointed Registrar of the Central Registry, Toronto.

Miss Edith Carson and Miss Louise Richards, 1925, are doing private duty nursing in Washington, D.C.

Misses Edna Tucker and Ethelwyn Hutchison, 1925, are doing private duty nursing in New York.

Miss Betty Harrison, 1926, has accepted a position in the Red Cross Hospital, Haileybury, and Miss Constance Cuthbert, 1926, is on the operating room staff of the Christie St. Hospital.

The annual dance of the Alumnae was held in the Crystal Ballroom at the King Edward Hotel. The enjoyable programme was interspersed with Leap Year and other novelty dances.

**Toronto General Hospital:** Miss Georgia Clapperton, 1922, has left the Rockefeller Institute, New York, and is now at the Red Cross Outpost at Kirkland Lake, Ont.

Miss Christine Wallace, 1922, who has been at her home for some time, has returned to Toronto.

The sympathy of the Alumnae is extended to Miss Clara Vale, 1923, in the loss of her father.

Miss Amy White, 1925, has resigned from the staff of the Toronto General Hospital. Her successor is Miss Myrta McKenzie, 1927.

Miss Ada Flaxman, 1927, has accepted a position on the staff of the Peterboro General Hospital.

## DISTRICT 6

**Belleville General Hospital:** Miss Elmeta Hull, 1924, has accepted the position of night supervisor in Galt Hospital; Miss Bessie Allan, 1922, has returned from Chicago and will do private duty nursing in Belleville; Misses Mae Habs and Ruby Windsor, 1925, have accepted positions in Mount Sinai Hospital, Cleveland, and Miss Flossie Hannah, 1923, is on the local V.O.N. staff.

## DISTRICT 8

Miss Dorothy Cotton, who was employed temporarily with the Central Office of the Victorian Order of Nurses, Ottawa, has returned to Montreal.

Miss Rita Sutcliffe has accepted the position of assistant superintendent of the Ottawa Branch, V.O.N., succeeding Miss Ethel Graham, who resigned to engage in the work of the Grenfell Mission.

Miss Edna Matheson, formerly of the Ottawa staff, V.O.N., leaves shortly to take charge of the Carleton Place District.

## DISTRICT 9

The annual meeting of District 9 was held in the Business Women's Club rooms of North Bay on January 31. This widespread district has three sections, centred about Sault Ste. Marie, Sudbury and North Bay. Representatives attended from the three sections and re-elected their president, Miss Rogers, and the other officers. The North Bay section will meet the first Tuesday of every month.

Speakers from the R.N.A.O. membership were Miss Emory, the president of the R.N.A.O., and Miss Roper, one of the public health nurses in the North Bay district. Judge Hart, of Toronto, gave an address on Sociology. The sessions were held in the afternoon and evening. The out-of-town guests were entertained at luncheon and the tea hour.

**Sault Ste. Marie:** At a well attended meeting of the Nurses' Alumnae of the General Hospital, held in the living room of the Nurses' Home on January 19th, a summary of the year's work was given by Miss L. Goatbe, the president. The treasurer reported a balance of $15. The night of the meeting was changed to the first Monday of each month, to be held at the homes of the various members. Tea was served by several members of this year's graduating class.

## DISTRICT 10

The November meeting was held in St. Joseph's Hospital, Port Arthur. The very interesting address given by Father Monahan was followed by a musical programme.

On November 26th last a rummage sale was held in Fort William, the proceeds amounting to $18.

The December meeting was held at McKellar Hospital, Fort William. Mr. E. E. Wood, principal of the Collegiate Institute, addressed the nurses on Astrology as taught in Ancient Times and its Influence on Present Day Astronomy. Following his address the election of officers took place.

On December 18th a bazaar was held in Fort William, receipts amounting to $370.92. This was the first bazaar given by the nurses in this district and all were naturally proud of the great success of the undertaking. Those in charge were Miss Jane Hogarth (president); tea tables were in charge of Mrs. Jack McClure and Mrs. H. W. McClure and Mrs. H. W. Foxton, and the many other departments were all under most capable direction. The treasurer's report of December 31st, 1927, showed a balance amounting to $441.23.

The January meeting was held in Port Arthur General Hospital. At this meeting it was decided to entertain the graduating class of each hospital at a dinner, hoping

in this way to interest the new graduates in the Association.

The February meeting was held in McKellar Hospital Nurses' Home. Dr. B. C. Hardiman addressed the nurses on Cancer and its Problems.

Misses Doris Dow and Hilda Alkenbrack are taking a post graduate course at the Manhattan Eye, Ear, Nose and Throat Hospital, New York.

Miss Izetta Barnabe is night supervisor at Kitchener, Ont.

Misses Mary Walker and Myrtle Brown are nursing in Toronto.

On February 1st Miss P. L. Morrison left for England on a three months' leave of absence.

Miss Mabel Stowe is matron of the hospital at Kerrobert, Sask.

(Editor's Note: Report of annual meeting of District 8 was received too late for publication in this issue.)

## QUEBEC

### MONTREAL

Miss E. T. Trench, who for the last eighteen years has held the position of Lady Superintendent of the Woman's Hospital, Montreal (now the Woman's General Hospital, Westmount, P.Q.), has resigned and will take a much-needed rest before taking up other duties.

**Royal Victoria Hospital:** Miss Muriel Bate, 1921, who nursed in the American Hospital in Paris (France) last year, spent Christmas at her home—Newcastle, N.B.

Miss Barbara Wilson, 1926, London, Ont., is visiting Mrs. W. E. Talbot (G. I. Smith, 1925) in India.

Miss B. Davidson, 1926, is doing private nursing at Long Beach, California.

Miss Helen Rice, 1917, has resumed her duties at superintendent of nurses at Lamont Hospital, Lamont, Alta., after an absence of several months.

The February meeting of the Alumnae was addressed by Mrs. Waagen, chief executive of Red Cross work in Alberta. After speaking of the work of the Red Cross in general Mrs. Waagen gave a most interesting account of the work done in Canada: the organizing of the Junior Red Cross, the meeting and care of immigrant families, and of the wonderful work done in Outpost Hospitals in the North-West, in one of which Miss Janet Pr'ngle, 1923, is one of the staff.

Miss M. F. Hersey recently spent a very interesting week in New York attending a conference held at Teachers' College, Columbia University. While there she met many Royal Victoria graduates, some engaged in institutional work, others doing private duty nursing.

**Children's Memorial Hospital:** Miss F. B. Laite, 1924, who has been supervisor of the Outpatient Department for the past three years, is this year taking the course in Public Health at McGill University, Montreal.

Misses I. B. Stewart and K. Nuttall, 1927, have recently accepted positions on the staff of the Woman's Hospital, Montreal: the former being supervisor of the Medical and Surgical Wards, and the latter in charge of the maternity division.

Miss Jean C. Bancroft, 1927, has left for an extended visit with friends in the south.

Miss E. M. Thompson, 1927, has accepted the position of assistant night supervisor at the General Hospital, Bay City, Mich.

Miss Louise Harding, 1927, has succeeded Miss F. B. Laite as supervisor of the Outpatient Department, and Miss Alice M. Thompson, 1926, has accepted the position of night supervisor.

Miss Annie Hanson, 1926, has resumed her duties at The Royal Victoria Maternity Hospital, after having spent a very enjoyable holiday in England.

**The Western Hospital:** In January Miss Elsie Brain and Miss Grace Munroe left for Bermuda, where they have been engaged in private duty nursing for the winter.

Miss Amy McOuat has succeeded Miss Elsie Brain as charge nurse on Ward B, Western Division, Montreal General Hospital.

Miss Violet Cross has resigned her position on the staff of the operating room to take a similar position at the Medical Arts Hospital. Miss Florence Whimbey has succeeded Miss Cross.

Miss Marguerite Johnston has returned from New York after having spent two years there engaged in private duty nursing and is now nursing in Montreal.

Miss Edna Corbett is residing indefinitely with relatives in Toronto.

Miss Elizabeth Wright is convalescing, following her recent illness.

Miss Lottie Figsbee, of the staff of the Rosemount Branch of the V.O.N., is now improving from the effects of a nasty motor accident.

The marriage of Miss Alexandra Bouresk to Mr. Ross Stewart took place on January 14th. After a trip to Vancouver Mr. and Mrs. Stewart will reside at Richmond Ave., Montreal.

The deepest sympathy of the Alumnae Association is extended to Miss Jane Craig in the loss of her mother, and to Miss Bertha Birch in the loss of her sister.

**Jeffery Hale's Hospital, Quebec:** The following nurses attended the annual meeting of the A.R.N.P.Q.: Misses H. A. Mackay, E. Ponting, L. A. Savard, M. E. Savard and F. O'Connell.

The members of the Alumnae Association offer their deep sympathy to Miss G. Mayhew in the sudden death of her father.

At the February meeting Dr. Hastings addressed the Alumnae on The Life of Florence Nightingale and Her Nursing Career.

**Sherbrooke:** The annual meeting of the Graduate Nurses Association of the Eastern Townships was held on January 28th at Mrs. George MacKinnon's, with a large attendance. Officers for 1928 were elected and other business transacted.

## *C.A.M.N.S. Notes*

### WINNIPEG

Mrs. Wm. Cowan entertained at the tea hour recently in honour of Mrs. G. F. McDonell (nee Marj. May), of Regina, who is renewing old acquaintances in the city.

Miss Pearl Paul, a member of the club, is leaving shortly for Rochester, Minn., where she will continue her professional duties. Club members wish her every success in her new work.

Miss M. A. Simpson, who has been doing special nursing in the city for some time has accepted a position on the T.B. Nursing Staff of Winnipeg.

Miss Agnes Luke, a member of the City Nursing Staff, was married recently to Mr. G. Smith. They will reside in the city.

Mrs. W. F. Morrison (nee Clara Hood) was called to Edmonton a few weeks ago owing to the sudden death of her brother, Mr. Wm. Hood, of that city. The members of the club extend sincere sympathy to Mrs. Morrison and her mother in their bereavement.

### VANCOUVER

The fourth annual meeting of the Military Nursing Sisters Club was held in the Board Room of the Woman's Building, Vancouver, with a large attendance. The meeting was called to order by the president, Miss Cameron, and after routine business election of officers took place, with the following results: President, Miss B. McNair, Shaughnessy Hospital: vice-president, Miss Swan; secretary-treasurer, Miss Margetson. A very pleasing speech was made by the retiring president, who reviewed the work of the year and spoke of the good fellowship and co-operation that had existed at all times among the members of the different committees. The treasurer's report showed the club in good financial condition. After the business was completed refreshments were served and a pleasant social hour enjoyed. It was noted with pleasure that the beautiful picture of the Nurses' Memorial at Ottawa, which was presented by the club to the Woman's Building, hung between Lord and Lady Willingdon, over the mantel of the main room.

## BIRTHS, MARRIAGES AND DEATHS

### BIRTHS

CAIRNES—Recently, to Mr. and Mrs. Gordon Cairnes (Annie Smith, St. Boniface Hospital, 1927), a daughter.

CANNING—On February 2nd, 1928, at Oshawa, to Mr. and Mrs. Morley Canning (Isabel Walker, Oshawa General Hospital, 1916), a son.

COLE—On October 13th, 1927, at Los Angeles, California, to Dr. and Mrs. L. R. Cole (Isabel Peebles, McKellar Hospital, Fort William, 1915), twin sons.

CRANE—Recently, to Dr. and Mrs. Crane (Isabella O'Reilly, St. Boniface Hospital, 1926), a daughter.

FOWLER—On January 22nd, 1928, to Mr. and Mrs. C. H. Fowler (Nita Caulter, Wellesley Hospital, Toronto, 1922), a daughter.

IRVEN—On January 8th, 1928, to Mr. and Mrs. Grandy Irven (Kathleen Bruce, Yarmouth Hospital, 1925), of Hawaii, a son.

McGARRY—On January 13th, 1928, in Toronto, to Dr. and Mrs. James McGarry (Marion Scott, Toronto General Hospital, 1924), a son.

MILES—On January 8th, 1928, to Mr. and Mrs. W. Miles (Olive Scaplin, St. Joseph's Hospital, Victoria, 1920), a daughter.

MURRAY—On February 5th, 1928, at Toronto, to Mr. and Mrs. C. Murray, a daughter.

O'GRADY—On December 31st, 1927, to Mr. and Mrs. Walter de Courcy O'Grady (Catherine Davis, Wellesley Hospital, Toronto, 1926), a son.

RAY—On January 5th, 1928, at Victoria, to Mr. and Mrs. H. Ray (Amelia Dunn, St. Joseph's Hospital, Victoria, 1922), a daughter.

SMITH—On February 5th, 1928, at St. John, N.B., to Mr. and Mrs. Eugene Smith (Gladys Rockwell, Massachusetts General Hospital, 1918), of Irishtown, N.S., a son (Eugene Philip).

STACEY—On February 4th, 1928, at Vancouver, B.C., to Mr. and Mrs. L. B. Stacey (Constance H. Cook, Vancouver General Hospital, 1924), a son.

THORNTON—On February 8th, 1928, at Vancouver, B.C., to Dr. and Mrs. Thornton (Flora Mellish, Vancouver General Hospital, 1925), a son.

WALTERS—On January 25th, 1928, in Toronto, to Dr. and Mrs. Ross Walters (Aileen Lacey, Toronto General Hospital, 1925), a daughter.

WOODCOCK—Recently, at Toronto, to Mr. and Mrs. Arthur Woodcock (Vesta Wyatt, Hospital for Sick Children, Toronto, 1918), a daughter.

**MARRIAGES**

COCHEVOUR — GREEN — On January 28th, 1928, Margaret Green (Toronto General Hospital, 1910), to William Mellis Cochevour. At home—Windsor Arms, Toronto.

DOLAN—BARTON — On January 14th, 1928, Annie Lawson Barton (Wellesley Hospital, Toronto, 1921), to James Jay Dolan.

ECKFORD—HUNTER—Recently, at Oil Springs, Ont., Laura K. Hunter (Toronto General Hospital, 1922), to Douglas Eckford.

GODARD—AMERY—Recently, at Regina, Rae Amery (Toronto General Hospital, 1922), to Robert Godard. At home—Imperial, Sask.

KELLER — MATCHETT — On December 23rd, 1927, in New York City, Marjorie G. Matchett (General Public Hospital, Saint John, 1920), to Russell Keller, of New York.

LEWIS—REID—On January 11th, 1928, at Victoria, Elizabeth G. Reid (St. Joseph's Hospital, Victoria, 1924), to Cecil Lewis. At home—Victoria.

LINDSAY — LEONARD — On November 30th, 1927, Winnifred Leonard (Medicine Hat General Hospital, 1921), to Robert Lindsay.

LOUDON — BYRD — On December 27th, 1927, at Victoria, B.C., Maude Byrd (St. Joseph's Hospital, Victoria, 1921), matron of Chemainus Hospital for several years, to John Loudon. At home—Victoria.

McWILLIAMS — JONES — On December 27th, 1927, at Vancouver, Dorothy Jones (St. Joseph's Hospital, Victoria, 1927), to R. McWilliams. At home—Vancouver.

MICHIE — REID — On December 26th, 1927, at Outlook, Sask., Joy Reid (Medicine Hat General Hospital, 1919), to William Michie.

MORRELL — KEMPFFER — On January 24th, 1928, at Sherbrooke, P.Q., M. Kempffer (Jeffery Hale's Hospital, 1925), to Dr. Morrell, of Regina, Sask.

O'FLYNN — COX — Recently, at Pickering Ont., Mabel Cox (Belleville General Hospital, 1926), to John O'Flynn, of Belleville.

PEACOCK—IRWIN—On September 12th, 1927, at Oshawa, Daisy Irwin (Oshawa General Hospital, 1925), to Charles Peacock, of Oshawa, Ont.

REDPATH—JIBB—On October 22nd, 1927, at Cold Springs, Ont., Huldah M. Jibb (Oshawa General Hospital, 1925) to Douglas Redpath, of Oshawa, Ont.

REID—HARVEY—On December 6th, 1927, at Bowmanville, Ont., Laura Harvey (Belleville General Hospital, 1922), to Ervin Reid.

REID—SPARKS—On December 24th, 1927, at Saskatoon, Elsie Elizabeth Reid (Toronto General Hospital, 1925), to Ralph E. Sparks.

ROBINSON—HIGINBOTHAM—On February 1st, 1928, at Toronto, Mary Higinbotham (Toronto General Hospital, 1927), to Dr. R. Robinson.

WALTERS—COLLINS—On February 6th, 1928, in Seattle, Wash., Mae Collins (St. Joseph's Hospital, Victoria, 1923), to Earl Walters. At home—Spokane, Wash.

WELDON—ERSKINE—On January 26th, 1928, in Montreal, Jean MacLean Erskine (Royal Victoria Hospital, Montreal, 1928), to Leslie Smiley Weldon, of Montreal.

WILLET—MILLARD—On February 4th, 1928, at Brandon, Man., Vera Iva Millard (Brandon General Hospital, 1926), to Norman Enos Willett. At home—Melita.

WILLSHIRE—STILLMAN—On December 15th, 1927, in Toronto, I. Bernice Stillman (Women's College Hospital, Toronto, 1924), to John Willshire, of Toronto.

WILSON—GWYN—On June 4th, 1927, at Saskatoon, Hannah Margaret Gwyn to Arthur L. Wilson, of Big Valley, Sask.

**DEATHS**

CASEY—On January 25th, 1928, at North Bay, Ont., infant daughter of Mr. and Mrs. Casey (Ward, Q.M.O. Hospital, North Bay).

COLE—On October 13th, 1927, at Los Angeles, California, Mrs. L. R. Cole (Isabel Peebles, McKellar Hospital, Fort William, Ont., 1915).

HAYDEN—On January 11th, 1928, at Montreal, the infant daughter of Mr. and Mrs. F. B. Hayden (Ruth Hooper, Royal Victoria Hospital, Montreal, 1923).

SMITH—On January 27th, 1928, at Harvey Station, N.B., Emma J. Smith (Royal Victoria Hospital, Montreal, 1905).

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**ANNUAL MEETING**

**REGISTERED NURSES ASSOCIATION OF ONTARIO**

**APRIL 19, 20 and 21, 1928**

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## AN APPEAL TO NURSING SISTERS

The Nursing Sisters' Club of Vancouver wish to announce that under the leadership of Lt.-Col. G. O. Fallis, B.D., C.B.E., the club has decided to participate in the erection of Canadian Memorial Chapel, which is being built in Vancouver, by contributing a memorial window.

The idea of Canadian Memorial Chapel was born overseas on the battlefields of France. This chapel is in memory of those who died, and is to be used solely for the worship of God.

All the windows in the chapel are being donated, each province and Yukon Territory will be represented. In the vestibule there is space for a double window. It is proposed that this window have one panel representing a soldier in full kit, and the other a nursing sister in service uniform. At first the members of the Vancouver club decided to accept the privilege of raising funds for the second panel, the cost of which will amount to about $400. After some discussion, however, a broader spirit was shown and it was decided that other Nursing Sisters' Clubs and individual nursing sisters should be given an opportunity to take part in the erection of this memorial window. Descriptive circulars are being mailed to Nursing Sisters' Clubs throughout the Dominion. Contributions should be sent to Miss Margetson, Shaughnessy Hospital, Vancouver, B.C.

## PUBLIC HEALTH NURSING DEPARTMENT IN "THE PUBLIC HEALTH JOURNAL"

Recent changes in "The Public Health Journal" published at 40 Elm Street, Toronto, include a page devoted to public health nursing. Miss Florence Emory, formerly chairman of the Public Health Nursing Section of the Canadian Nurses Association, will be responsible for the material published on this page. Miss Emory has associated with her in this editorial work, Miss R. M. Simpson, Director of School Hygiene, Saskatchewan.

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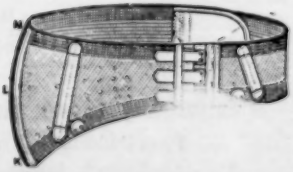

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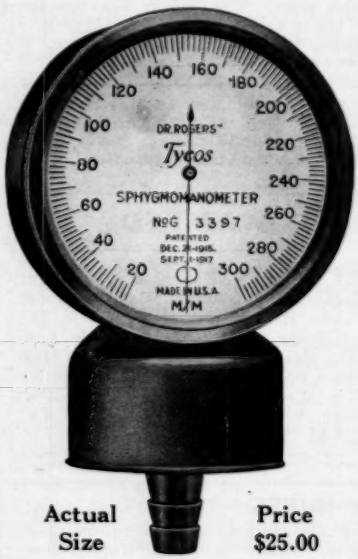


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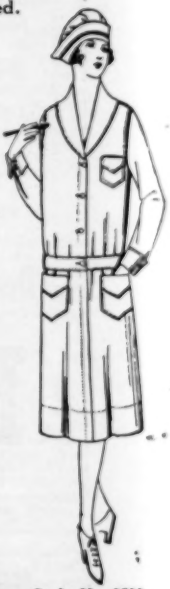

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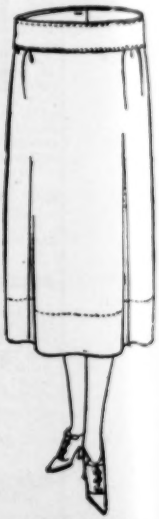

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## APRIL, 1928

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